




THE HEALTH OF NORTHAMPTON 1969

*ANNUAL REPORT of Medical Officer of Health
Principal School Medical Officer, and
Welfare Administrator*



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INTRODUCTION

"It is a chastening thought but one worth considering that medical facilities in the future will have to be weighed against such local projects as municipal swimming pools, new street lighting and even parking meters and road signs. Those who have lived in ignorance of these realities should recognise their debt to the Medical Officers of Health up and down the country who have been grappling with such problems over the years."

Although written only two years ago by Professor W. J. H. Butterfield of Guy's Hospital, London, it is likely that these sentiments will soon be overaken by events. Two Green Papers on the future administration of the National Health Service have appeared and it now seems certain that administrative unification of the Health Service will be achieved in the foreseeable future. The price to be paid for this will be severance from Local Government of the Personal Health Services at present provided by it, and increasing central control. This reorganisation will unfortunately create divisions where none exist at present. In Northampton the Environmental Health Services; the Personal Health Services including the Mental Health Service; the School Health Service and the Welfare Services are all co-ordinated by the Medical Officer of Health within a combined Health and Welfare Department, yet the Government's proposals under the Local Authority Social Services Bill will transfer the welfare services and considerable health responsibilities, including the mental health service, from Health to the proposed new Departments of Social Services. Under other legislation responsibility for the education of mentally handicapped children will be transferred from Health to Education. These latter changes are likely to take place in 1971.

Under the proposed reorganisations of Local Government and the National Health Service the remaining Personal Health Services will be transferred probably in 1974 to the proposed Area Health Authorities whilst the Environmental Health Services will remain with Local Government. It remains to be seen whether the price which is being paid for this colossal reshuffle is too high, since the prime consideration should be the delivery of care to the public in as comprehensible and readily available manner as possible. To what extent members of the public can determine before they seek advice whether they require social or medical skills is a matter for conjecture. Further under this new dispensation there will be an even greater need for co-operation across new frontiers which do not exist at the present time. Only time will demonstrate the folly of separating health and social services in this way.

Vital Statistics

The health of Northampton as reflected in the principal vital statistics shows continued improvement. The population increased from 123,690 in 1968 to 123,800 an increase of 110. The birth rate fell from 16.8 to

16.7 while the death rate rose from 12.8 to 13.5. These figures compare with 16.3 and 11.9 respectively for England and Wales during 1969. The still birth rate fell from 11.8 in 1968 to 10.0, the number of infants dying in the first year of life fell from 33 to 31 and the infant mortality and perinatal rates fell from 20.5 and 24.2 respectively in 1968 to 15.0 and 19.0. There were no maternal deaths. The most frequent causes of death were arteriosclerotic and degenerative heart disease (610), cancer (335), vascular complications of the central nervous system (233) and bronchitis.

The health problems of today differ significantly from what the public still regard as the traditional function of a Health Department, since they arise not so much from failures of the system, e.g. slums or malnutrition, but from its successes—from affluence and self-indulgence, from mechanisation and the reduction of physical exercise, from technology and the introduction of new pollutants. What so often prevents prevention is people—mass behaviour and the unwillingness of the individual to make any positive contribution towards his own health. Half the premature deaths are due to heart disease, lung cancer, bronchitis and accidents and in the etiology of these conditions personal habits are crucial.

The practise of medicine today is becoming increasingly involved with moral issues—family planning, legalised abortion and the misuse of drugs and it is important that doctors and other professional workers know where they stand. Our concern should be with moral education rather than with our own morality. In educating our children we are setting out to give them some idea about morality and obviously we shall not succeed until we are clear about it ourselves. We may feel—perhaps wrongly, that we know the right answers, at least for ourselves, but there is much more to education than handing out the “right answers”. Whilst it is right to work out our own moral values for ourselves, it is quite another thing to assume that these necessarily form an acceptable basis for other people, let alone for moral education. The premise that we find the answers first and then tell them to the children is plainly inadequate since the basis of education should consist of imparting those skills which are necessary to make good and responsible moral decisions and judgments and to act on these.

The challenge to public health in the future therefore is not so much the control of infectious diseases or environmental hazards but attitudes and ways of life which are prejudicial in the long run to physical and mental health and happiness. The best safeguard against these social ills is a stable and loving home background.

Vaccination and Immunisation

The fall in the acceptance rates for vaccination and immunisation procedures in infancy is almost certainly due to the change over to computer control in February. The programme allows for a longer period between injections and two failures to keep an appointment before a home visit is made to determine the reason. This means a delay compared with the former system in chasing up defaulters.

Maternal and Child Health

The appointment of Dr. Aldous to the post of Senior Medical Officer after a period of two years during which the post remained vacant was most welcome and emphasises the difficulty in recruiting doctors to the public health service. The drop in attendance at Child Welfare Clinics is due to vaccination and immunisation now being exclusively performed by the family doctors assisted by attached nursing staff. This enables the Child Health Service to devote its attention to regular developmental assessment of the children attending. Under the new Regulations introduced towards the end of 1968 the number of registered child minders has risen from 8 to 67. Plans for training courses for those running play groups or acting as child minders were nearing completion towards the end of the year.

The number of women attending the cervical cytology clinic sessions rose to 966. As similar services are available to women attending the gynaecological clinic in the hospital and from general practitioners, there is little excuse for women not availing themselves of the opportunity to have this test done.

The special clinic sessions run by the Family Planning Association for those mothers who find difficulty in attending the ordinary clinic sessions has proved most successful. 85 mothers attended and in the majority of cases this was possible because members of staff transported them to the clinic. A general check-up, including a cervical smear test, was provided for all these mothers. On account of the success of these special clinic sessions, it would appear that the need for a domiciliary family planning service is less compelling than originally appeared to be the case.

Children "At Risk"

This concept has recently been challenged on a number of grounds. The justification for such a procedure is the ability to identify a number of babies in which a relatively greater proportion of handicaps is likely to occur, thus concentrating one's limited resources on those infants whose handicaps will benefit from early detection. Experience shows however, that handicapping conditions, predictable and unpredictable, also occur in children not "at risk" and it is important therefore to continue routine developmental assessment of all babies as a major function of the Child Health Service. Both approaches are required to ensure detection at as early a stage as possible in order that medical treatment, supervision, parental guidance, suitable training and education are provided without delay.

Nursing Services

The fall in the number of home confinements from 150 in 1968 to 115 gives serious cause for concern, since the equivalent of $4\frac{1}{2}$ full-time midwives are required to staff this service and it is doubtful to what extent the midwives can retain their expertise in midwifery by attending less than 30 confinements per year. Discussions with the hospital authorities are proceeding in an endeavour to provide a more

unified midwifery service to cover the Barratt Maternity Hospital, the G.P. Maternity Unit and the Domiciliary Midwifery Service.

The number of visits undertaken by the district nurses increased from 43,311 to 56,304—further evidence of the improved use being made of the District Nursing Service since attachment was introduced in October, 1968. The Establishment Sub-Committee has accepted the need for nursing auxiliaries and it is hoped to employ these during the next financial year.

The health visiting service continues to work closely with the family doctors. Unfortunately it is still not possible to meet the demand from practitioners for attachment of health visitors despite sending 2 to 3 nurses away each year for health visitor training.

School Health Service

Developments in the School Health Service during the year included the introduction of a comprehensive screening assessment of 5-year old school entrants. This has only been possible with the assistance of the teaching staff in the schools who, in addition to completing appropriate parts of the assessment forms, have provided extremely helpful comments on individual children who for one reason or another present some special problem in school. The aim of this approach is to undertake a full and comprehensive assessment of each pupil, including social, emotional and intellectual development, in order to recognise at as early a stage as possible those pupils who are not settling in or not progressing as they should. It is hoped by this means to recognise earlier than would otherwise have been possible those children who require some special education or other form of help. To enable teachers to give a more valuable assessment of the child, the timing of the infant school medical inspections was postponed from the first to the third term in order that the teachers will have a better knowledge of the children at the time of assessment. The contribution from the teachers has been most valuable and is greatly appreciated. It is proposed to include a detailed analysis of the scheme and the results in the Annual Report for next year.

A further development was the introduction, following discussion with representatives of the Department of Education and Science, of a more selective form of examination for school leavers. The Government's proposal to introduce an Employment Medical Advisory Service will involve a much closer liaison between the School Medical Officer and the Employment Medical Adviser, particularly in relation to handicapped children about to leave school. A special class for children with learning difficulties was opened at Barry Road School in October, 1969.

Owing to the continually increasing demands being made on their services, a detailed review of the activities of the medical staff was undertaken to ensure that the most effective use was being made of the limited resources available.

The Government has indicated its intention to introduce legislation to transfer responsibility for the education of mentally handicapped children from Health to Education and it is likely that this change will

become effective on the 1st April, 1971. Whilst such changes naturally raise anxieties there is little doubt that these children should never have been excluded from the educational system in the first place.

Mental Health Services

In January the Health Committee accepted responsibility for the No. 8 Club originally set up by the Northamptonshire Association for Mental Health in September 1965. This Club caters for the social needs of selected patients discharged from the psychiatric hospital and has proved to be a most successful provision. In September, the Health and Housing Committees approved a scheme for the provision of normal housing accommodation for suitable psychiatric patients under the supervision of the mental welfare officers. This represents an important step in the provision of community care facilities for this group of patients since as yet no hostel is available for them.

In the field of mental health services the provision of Greenfields School raises the capital investment by the Local Authority over the past five years to £235,416. Northampton must now possess one of the finest community services for mentally handicapped in the country.

Ancillary Services

The Health Committee approved in principle the introduction of domiciliary physio-therapy and occupational therapy services and also the appointment of a Senior Chiropodist to work with the increasing numbers of elderly persons in the Old Persons Homes and of handicapped persons attending Gladstone Centre. It is hoped to introduce these services during the next financial year.

Venereal Diseases

It is disconcerting to report an increase in the number of cases of syphilis and non-gonorrheal infections. The main measures of control are the provision of free and efficient facilities for diagnosis and treatment, the effective tracing of contacts, screening tests and education of the public in the dangers of promiscuity—an increasingly important function in an increasingly permissive society.

Capital Building Programme

Priorities for building projects are largely determined by Central Government on the basis of loan sanction approval and it is significant that most expansion in the past five years has been in the mental health service and relatively little in the child health service. Certain projects such as the Day Centre for the elderly and a hostel for the physically handicapped have not received the necessary loan sanction even though they have appeared regularly in the Council's Building Programme during the past few years.

Lakeview House, a purpose-built Home for 48 infirm elderly persons was completed in October and by Christmas was nearly fully occupied. This is the seventh Old Persons Home provided by the Council and brings the total number of places provided to 275.

Greenfields School, which provides 80 places, including a nursery, for mentally handicapped children from 3-16 years of age, was completed in December and represents a most welcome and long awaited addition to the services for mentally handicapped in Northampton.

In Hopping Hill a start was made on a further Old Persons Home which should be completed by September, 1970. A second project which commenced during the year was the Welford Road Clinic—the first purpose-built clinic premises to be erected in the town since 1936. It will serve a population of 30,000 and provide a variety of health, school health and welfare services for the area.

The Department of Employment and Productivity has agreed to the conversion of Chapel Place, the former Junior Training Centre, for use as a temporary Sheltered Workshop and this work was in hand at the end of the year. It is hoped that the plans for a purpose-built Sheltered Workshop for 40 sighted disabled persons will materialise during 1970 as a site has now been acquired on the Lodge Farm Industrial Estate.

Fluoridation

For the fourth time in six years the Council rejected the recommendation of the Health Committee that the water supplies to the town should have fluoride added to increase its natural content of 0.35 p.p.m. to the optimum level of 1 p.p.m. If the Central Government is as convinced as the many professional organisations about the safety and benefits of fluoride it should introduce appropriate legislation.

Environmental Health

Following acceptance of the 15-year programme for Clean Air, the first Smoke Control Order, comprising some 1,702 acres of land due for development as part of the proposed expansion of Greater Northampton, was made by the Licensing and Regulation Committee in June. The representation of unfit houses continued in accordance with the Council's published programme. Over the past five years some 1,511 unfit houses have been represented compared with only 430 during the preceding five years. Whilst it is true to say that the major areas of unfit housing have now been dealt with, a review of sub-standard properties conducted towards the end of 1968 and analysed during the year, showed that some 3,400 unfit houses still exist in the town.

The Housing Act, 1969 placed fresh responsibilities on local authorities for undertaking improvement to houses including environmental improvement, and the Council has accepted this challenge. The first Improvement Area was nearly ready for presentation to Committee at the end of 1969, following considerable detailed preparatory work by the Public Health Inspectorate, Borough Architect, Borough Engineer, Borough Treasurer, Town Clerk and Development Consultants.

Town Expansion

The Northampton Health Services Advisory Committee published its Report "Planning and Working Together" in September, setting-out proposals for the development of a comprehensive health service in relation to the expansion of Northampton, for discussion by the statutory bodies responsible for providing the different branches of the Health Service. Over 300 copies were issued and numerous favourable comments were received from many different sources. Only when the views of the statutory bodies are known will it be possible to get down to the detailed planning which will be required if the Development Corporation is to be advised of the various types of provision which will be required and the areas in which these should be located.

I would again wish to express my appreciation to the Chairmen and members of the Health, Housing, Licensing and Regulation and Education Committees for their continued interest and support in the work of the Department during the year.

W. EDGAR,
Medical Officer of Health

Guildhall,
Northampton.
May, 1970.

HEALTH COMMITTEE

(as constituted on 31st December, 1969)

Chairman

ALDERMAN T. H. DOCKRELL, M.B., F.R.C.S.

Aldermen

MRS. GRACE BROWN
P. GIBSON (Deputy Chairman)
G. J. HACKETT

Councillors

M. O. ALDRIDGE
B. J. BRAYSHAW
M. J. CREEVY
MISS M. FINCH
J. T. LEWIS
A. H. W. PROUSE
I. E. W. ROBERTSON
H. R. SAUNDERSON

HEALTH AND WELFARE SERVICES SUB-COMMITTEE

Councillor Miss M. Finch (Chairman); Alderman Gibson (Deputy Chairman); Aldermen Mrs. Brown and Hackett; Councillors Aldridge, Creevy and Saunderson.

Non-Council Members—Mrs. C. I. Peach and Dr. H. De La Haye Davies.

EDUCATION COMMITTEE

(as constituted on 31st December, 1969)

Chairman

COUNCILLOR D. A. WALMSLEY, LL.B.

Aldermen

T. H. COCKERILL

T. H. DOCKRELL, J.P., M.B., F.R.C.S.

G. J. HACKETT

F. TOLLIT

Councillors

H. BULLARD, F.C.A., F.C.I.S.

F. J. CREEVY

R. P. DOLMAN

MISS M. FINCH

H. FRUISH

S. T. JAMES

J. T. LEWIS

H. P. NICHOLSON

K. R. PEARSON

MRS. I. SHORT

P. W. J. STEVENSON

Co-opted Members

MRS. E. M. COLLIER

MRS. J. M. A. CORRIN

MISS P. HENNINGS, M.B.E., HIST.TRIP.(Cantab.)

MR. S. W. HUTCHINS

MR. A. J. SMART

MR. R. SPENCER

Schools and Special Services Sub-Committee

COUNCILLOR PEARSON (Chairman);

COUNCILLORS CREEVY, MISS FINCH, MRS. SHORT and

STEVENSON; MRS. COLLIER, MR. HUTCHINS,

MR. SMART and MR. SPENCER

STAFF OF HEALTH DEPARTMENT

(as at 31st December, 1969)

Medical Officer of Health, Principal School Medical Officer, and Welfare Administrator—

WILLIAM EDGAR, M.B., CH.B., D.P.H., D.C.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer—

ROBERT F. McKNIGHT, M.A., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H.

Senior Medical Officers—

INEZ ROSEMARY ALDOUS, M.B., B.Chir., D.C.H., D.P.H.

RONALD H. MARTIN, M.A., B.M., B.C.H., M.R.C.S., L.R.C.P.

MARGARET O'CONNOR, L.R.C.P., L.R.C.S., L.M.

Medical Officers—

EILEEN L. PARKINSON, M.R.C.S., L.R.C.P.

JAMES W. BOTTOMS, M.B., B.S., M.R.C.S., L.R.C.P.

One vacancy

Principal School Dental Officer—

P. W. J. L. THOMPSON, L.D.S., R.C.S.

Dental Officers—

MRS. L. A. B. ELLIOTT, L.D.S., R.C.S.

MISS K. KAMINSKA, L.D.S., R.C.S. (Part time)

MRS. P. ROBINSON, L.D.S., R.C.S. (Part time)

**Consultant Psychiatrist—*

K. STEWART, M.B., CH.B., D.C.H., D.P.M.

**Educational Psychologist—*

MISS D. V. SCOTT, M.A.

**Assistant Educational Psychologists—*

T. ARNOLD

P. GARDNER

K. A. HIBBERT

**Social Worker—*

F. D. PAYNE

**Under a joint scheme with Northamptonshire Education Authority.*

The following medical staff of the Oxford Regional Hospital Board rendered part-time service to Northampton County Borough Council:

Consultant Chest Physicians—

P. C. ROBERTSON, M.B., CH.B., M.R.C.P., M.R.C.P.E.

MISS N. O'LEARY, M.B., B.Ch., B.A.O., D.P.H., T.D.D.

Public Analyst—

H. C. MacFARLANE, A.R.T.C.S., F.R.I.C.

Health Services Section

Chief Nursing Officer—

MISS R. F. TOMLIN, S.R.N., S.C.M., H.V.Cert.

Deputy Chief Nursing Officer—

MRS. B. C. BAUMANN, S.R.N., S.C.M., H.V.Cert.

Health Visitors and Clinic Nurses

- 2 SENIOR HEALTH VISITORS
- 12 HEALTH VISITORS (including 3 part-time)
- 9 CLINIC NURSES (including 2 part-time)
- 2 STUDENT HEALTH VISITORS

Midwives and Home Nurses

- 2 ASSISTANT NURSING OFFICERS
- 10 MIDWIVES (including 6 part-time)
- 20 DISTRICT NURSES (including 3 part-time)
- 2 NURSING ASSISTANTS (part-time)

School Health Services

Speech Therapist—

- MRS. E. CRUTCHLEY, L.C.S.T.
- 1 DENTAL AUXILIARY
- 3 DENTAL SURGERY ASSISTANTS

Social Services Section

Chief Social Services Officer—

I. B. JOLLEY, A.I.S.W., Cert. of Recognition

Welfare Services

- MISS V. M. HARRISON (Welfare Officer) A.I.S.W. Home Teachers' Cert., Cert. of Recognition
- 7 SOCIAL WELFARE OFFICERS (including 1 temporary appointment)
- 1 FAMILY CASEWORKER
- 2 WELFARE ASSISTANTS

Superintendent, Kings Heath Home of Rest —M. MULLIGAN

Superintendent, 'The Priory' —MISS P. B. CROSSMAN

Superintendent, 'Barnfield' —MRS. M. J. EVANS

Superintendent, 'Nicholls House' —MISS D. M. WILD

Superintendent, Home for Homeless Families—MISS E. STAVELEY
 Superintendent, 'Hillcrest' —W. W. WYMAN
 Superintendent, 'Lalgates' —MISS K. M. SAVAGE
 Superintendent, 'Lakeview' —MRS. W. J. DURNIN
 Gladstone Centre —L. R. WARNER
 (Acting Organiser)
 3 INSTRUCTORS

Domestic Help Service

MRS. M. SMITH (Organiser)
 1 ASSISTANT ORGANISER (part-time)

Mental Health Service

R. H. JOHNSON, M.S.M.W.O., Cert. of Recognition (Sen. Mental Welfare Officer)
 MRS. K. M. WARD, Cert. of Recognition (Sen. Mental Welfare Officer)
 5 MENTAL WELFARE OFFICERS (including 2 temporary appointments)
 1 WELFARE ASSISTANT

Cliftonville Training Centre

A. W. KEMPTON (Supervisor and Manager)
 J. SIMMONS, Dip. N.A.M.H. (Deputy Manager)
 8 INSTRUCTORS (including 1 temporary appointment)

Junior Training Centre

MRS. J. P. LUCK (Supervisor)
 7 ASSISTANT SUPERVISORS (including 2 temporary appointments)

Special Care Unit

MRS. M. A. HANSON, S.R.N. (Matron)
 1 DEPUTY MATRON
 3 NURSERY NURSES

St. Lucia Hostel

F. E. WELLSTED (Warden)

Environmental Health Section

Chief Public Health Inspector—

A. ROBINSON, M.A.P.H.I.

Deputy Chief Public Health Inspector

G. HARRISON, M.A.P.H.I.

Specialist Housing Inspector—

B. S. BOULTER, M.A.P.H.I.

Specialist Meat and Foods Inspector

F. W. OSBORNE, M.A.P.H.I.

Senior Public Health Inspector—

B. F. ROBERTS, M.A.P.H.I.
 6 DISTRICT INSPECTORS

- 1 ASSISTANT HOUSING INSPECTOR
- 2 AUTHORISED MEAT INSPECTORS
- 1 OFFICES, SHOPS AND RAILWAY PREMISES INSPECTOR
- 1 STUDENT INSPECTOR
- 1 DISINFESTATION OFFICER
- 1 GENERAL MANUAL ASSISTANT AND MOTOR DRIVER
- 2 RODENT OPERATIVES

Administrative Services Section

Principal Administrative Officer—

- W. USHER, F.C.C.S.
- L. W. GARNER (Senior Administrative Assistant)
- 3 ADMINISTRATIVE ASSISTANTS
- 1 SENIOR CLERK
- 14 CLERKS
- 1 SENIOR SHORTHAND TYPIST
- 4 SHORTHAND TYPISTS
- 2 WELFARE FOOD ASSISTANTS

ESTABLISHMENTS

Health Department	Newilton House, Derngate	Tel : 34881
Central Health, Social Services		
Nursing Services and Loan		
Equipment		
Environmental Health	24a Derngate	Tel : 36495
Cliftonville Training Centre	Cliftonville Road	Tel : 34881
		Ext: 399
Junior Training Centre	Chapel Place,	Tel : 34881
	Abington Square	Ext: 288
(Transferred to new premises, "Greenfields School", Harborough Road, in January, 1970)		
St. Lucia Hostel	The Avenue, Cliftonville	Tel : 30521
Gladstone Centre for	Gladstone Road	Tel : 52611
Physically Handicapped		

Old Persons Homes

Kings Heath Home of Rest	North Oval	Tel : 51936
'Barnfield'	127 Harlestone Road	Tel : 51839
'The Priory'	260 Billing Road East	Tel : 33718
'Nicholls House'	9, 10 and 11 St. George's	Tel : 37603
	Avenue	
'Hillcrest'	67 & 69 Queen's Park Parade	Tel : 36710
'Lalgates'	119 Harlestone Road	Tel : 51889
'Lakeview House'	Churchill Avenue	Tel : 44666
Homeless Families Unit	4 Upper Mounts	Tel : 35914

Clinics

St. Giles' Street Welfare Centre

Infant Welfare Clinics	Tuesday, Wednesday and Friday	afternoons
Cytology Clinics	Thursday afternoon ; Friday evening	
Mothercraft and Relaxation Classes ..	Monday, Tuesday, Wednesday and	Thursday mornings
Midwifery Service	Monday afternoon—home bookings	
	Thursday morning—	early discharge bookings

Family Planning Association	Monday evening 7.0—9.0
	Friday morning (2nd in month) 9.30—11.30
	Friday evening (2nd in month) 5.30—7.30
	Friday morning (4th in month) 9.30—11.30
	Friday evening (4th in month) 5.0—7.0
	Monday evening (4th in month) 7.0—9.0
	(Special)

Voluntary Association Mothers' Club	Thursday evening (Sept/April)
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Social Club	Wednesday evening
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Infant Welfare Centres

<i>Centre</i>	<i>Held</i>	<i>Day (afternoons)</i>
Abington	Abington Avenue Congregational Church Rooms	Thursday
Boothville	Booth Hall	Monday
Broadmead	Broadmead Baptist Church Rooms ..	Tuesday
Dallington	Spencer Dallington Community Centre	Monday
Doddridge	Doddridge Memorial Church Rooms	Wednesday
Duston	Duston Congregational Church Rooms	Monday (<i>alternate</i>)
Far Cotton	St. Marys Parochial Church Rooms ..	Monday
Kings Heath	Kings Heath Baptist Church Hall ..	Thursday
Kingsley	Kingsley Park Methodist Church Rooms	Monday
Kingsthorpe	Thornton Park Community Centre ..	Wednesday & Friday
New Duston	Girl Guide Hall	Wednesday (<i>alternate</i>)
St. Giles'	St. Giles' Street Infant Welfare Centre	Tues/Wed/Fri.
Weston Favell	Weston Parish Hall	Thursday
Wheatfield Road	Abington Community Centre	Friday

PRINCIPAL VITAL STATISTICS

Population :

Census 1961	..	..	..	..	..	..	..	..	105,421
Registrar-General's Estimated Home Population (all ages) as at 30th June, 1969, including members of Armed Forces stationed in area	..	..	..	..	..	..	..	..	123,800

					MALES	FEMALES	TOTALS
Live Births	Legitimate	..	..	..	981	875	1,856
	Illegitimate	..	..	..	96	120	216
	Totals	..	..	..	1,077	995	2,072
Live Birth-rate per 1,000 Population				..	..	..	16.7
Adjusted Birth-rate (Area Comparability Factor 1.02)				..	..	..	17.0
Illegitimate Live Births per cent of Total Live Births				..	..	..	10.0

					MALES	FEMALES	TOTALS
Stillbirths	Legitimate	..	..	..	8	11	19
	Illegitimate	..	..	..	—	1	1
	Totals	..	..	..	8	12	20
Stillbirth rate per 1,000 Live and Stillbirths				..	..	..	10.0
Total Live and Stillbirths				..	..	..	2,092

					MALES	FEMALES	TOTALS
Deaths				..	829	845	1,674
Death-rate per 1,000 Population				..	..	..	13.5
Adjusted Death-rate (Area Comparability Factor 0.87)				..	..	..	11.7
Infant Deaths (under One Year of Age)				..	..	..	31
Infant Mortality-rate per 1,000 Total Live Births—(31 deaths)				..	..	..	15.0
Infant Mortality-rate per 1,000 Legitimate Live Births—(24 deaths)				..	..	..	13.0
Infant Mortality-rate per 1,000 Illegitimate Live Births—(7 deaths)				..	..	..	32.0
Neonatal Mortality-rate (first Four Weeks) per 1,000 Live Births (27 deaths)				..	..	..	13.0
Early Neonatal Mortality-rate (First Week) per 1,000 Live Births (20 deaths)				..	..	..	10.0
Perinatal Mortality-rate (stillbirths and deaths under one week combined) per 1,000 Live and Stillbirths				..	..	..	19.0
Maternal Deaths (including Abortion)				..	..	..	—
Maternal Mortality-rate per 1,000 Live and Stillbirths				..	..	..	—
Cancer Deaths				..	..	..	335
Cancer Mortality-rate per 1,000 Population				..	..	..	2.7

The natural increase of the population, i.e. the surplus of registered live births over deaths, was 398 or 3.2 per thousand living.

Note—Due to boundary changes the calculation of Birth and Death rates are based on a weighted average of the mid-year population of the area as constituted before and after the change. This figure, as supplied by the Registrar General, is 123,760.

Summary of Statistics

Position .. .	Latitude .. 52° 14' North; Longitude .. 0° 54' West	
Highest point above sea level is on the Boughton Green Road ..	420 feet	
Lowest point above sea level is lower part of Bridge Street	193 feet	
Elevation of Guildhall above mean sea level	252 feet	
Area	11,546 acres	

Number of Separate Dwellings Occupied :

Census 1961	35,045
According to Rate Books (31st December, 1968)	41,903
Number of Private Households (Census 1961)	35,501
Rateable Value (31st December, 1968)	£5,898,237
Penny Rate product 1968/69	£23,661

Net Revenue Expenditure for year ended 31st March, 1968 :

Public Health	£45,837
Local Health Authority	£232,282
Welfare	£142,822
School Health Service	£37,837

State of Employment

I am indebted to the Manager of the Employment Exchange for the following statement :

During 1969 most of the Town's major industries maintained a high level of production with a continuing demand for labour. In the footwear industry some manufacturers fared better than others but in general 1969 was not a good year for the industry. Nevertheless the labour force was in the main kept fully occupied and in the long term the recruitment of key operatives was still a problem. As in the East Midlands generally, demand for labour from the Construction Industry during 1969 was slack as continuing improved productivity and more extensive use of industrial building methods led to reduction in manpower needs.

Unemployment during the year averaged approximately 1.4% of the insured population compared with the national percentage of over 2%.

HEALTH SERVICES

MATERNITY AND CHILD WELFARE

(Dr. I. R. Aldous—Senior Medical Officer—Child Health)

In the early part of the year the Senior Medical Officer with special responsibility for Child Health took up the post which had remained unfilled for the previous two years.

This year also saw the start of the first multi-purpose clinic to be built in the town since 1936. It is anticipated that it will be completed early in 1970. The completion of this clinic will enable a far more effective service to be given to the mothers and young children in the area than can be provided from rented premises. It will also make possible the decentralisation of health visiting and other staff who will then be more accessible to the population they serve.

Following a recommendation by the Chief Medical Officer and after consultation with the Consultant Pathologist at the Northampton General Hospital, it was decided to replace the Phenistix test ("nappy test") for phenylketonuria by the Guthrie Test. This test requires a drop of blood be obtained from each infant about the tenth day of life. These specimens are sent to the laboratory at the Northampton General Hospital for biochemical assay. The health visitors were given special instruction in how to obtain the blood and they now carry out this test at the time of their first visit to each newborn infant. All infants born since April, 1969 have had this test. No case of phenylketonuria has been found during the year.

With the introduction of the computer scheme for vaccination and immunisation all infants born after October 31st, 1968 have attended their family doctors for protection against infectious disease. This has greatly reduced the number of immunisations carried out in the child health clinics and has enabled the medical officers attending the clinics to devote more of their time to the appraisal of the development of each child and to the early detection of any deviation from normal. During the year Dr. M. O'Connor attended a six week course to study developmental paediatrics and has since demonstrated some of the newer techniques for testing vision and hearing in young children to the medical and health visiting staff.

Details of the work carried out in the Child Health Centres are given in Table 1 on page 24.

TABLE 1
Child Health Centres—Attendances

CENTRE	Mothers	Children under 1 year	Children over 1 but under 2 years	Children over 2 but under 5 years	Total	Consultations by Medical Officers
Abington Avenue Thursday	2,357	1,142	1,033	669	2,844	399
Boothville Monday	1,277	520	483	388	1,391	187
Broadmead Avenue Tuesday	3,137	1,964	965	999	3,928	475
Dallington Monday	1,082	553	384	172	1,109	153
Doddridge Wednesday	2,478	1,360	867	436	2,663	264
Duston (Old) Alternate Mondays	1,632	945	551	236	1,732	347
Duston (New) Alternate Wed.	1,075	413	524	324	1,261	313
Far Cotton Alternate Mondays	2,137	1,161	712	242	2,115	242
Kings Heath Thursday	1,862	697	777	607	2,081	122
Kingsley Monday	2,491	1,010	962	1,154	3,126	385
Kingsthorpe Wednesday	3,620	2,669	784	202	3,655	517
Kingsthorpe Friday	1,771	1,190	563	293	2,046	100
St. Giles' Tuesday	2,315	1,121	829	807	2,757	385
St. Giles' Wednesday	1,775	933	612	466	2,011	265
St. Giles' Friday	1,020	503	458	318	1,279	142
Westone & Weston Favell Thursday	1,544	490	623	765	1,878	164
Wheatfield Road Friday	1,313	507	509	425	1,438	201
Total attendances	32,886	17,178	11,636	8,503	37,314	4,661
Total no. of children who attended during year	—	1,445	945	674	3,064	—

Sale of Welfare Foods

Distribution of welfare foods and proprietary brands of milk and other preparations was undertaken at St. Giles' Street Clinic and at each of the child welfare centres held in temporary premises. The "shop" at St. Giles' Street Clinic is open each day during normal working hours and is staffed by permanent whole-time staff. At other centres the foods are sold by voluntary workers who provide a valuable service for the authority in this way.

TABLE 2

<i>Commodity</i>	<i>Main Centre</i>	<i>Outlying Centres</i>	<i>Total</i>
National Dried Milk (tins)	6,572	6,963	13,535
Cod Liver Oil (bottles)	636	1,008	1,644
Vitamin A and D tablets (packets)	1,189	927	2,116
Orange Juice (bottles)	11,078	20,813	31,891
PROPRIETARY FOODS:			
Dried Milk	3,334	21,087	24,421
Cereal Foods	172	1,641	1,813
Vitamins (Preparations)	1,725	14,950	16,675
Other Products	1,014	1,2329	13,343

Voluntary Work

The Northampton Maternity and Infant Welfare Voluntary Association continues to give valuable assistance at the child health clinics. The Association's members help with the sale of baby foods, weighing the babies and the provision of play facilities for toddlers attending the clinics. As in previous years, the help is greatly appreciated by the staff and mothers who attend the clinics. The Mothers Club, which is organised by this Association, is now held on Thursday evening each week (September to April). The demand for these classes had been insufficient to warrant the continuation of two sessions per week but this one session is greatly appreciated and is attended by up to 70 mothers each evening. Classes include children's dress-making, toy making and other handicrafts.

Dental Care

The priority dental service operates in conjunction with the School Dental Service and provides free dental care for expectant and nursing mothers and pre-school children. The equivalent of one session a week is devoted to this work.

The Dental Officers report that they prefer to see children about the age of three when advice and necessary treatment can be given.

The School Clinic is open every weekday between 1.30 p.m. and 2.30 p.m. for these inspections.

TABLE 3
Summary of Dental Work

	<i>Children 0-4 Inclusive</i>	<i>Expectant and Nursing Mothers</i>
First Visit	86	1
Subsequent visits	142	2
Total visits	228	3
Number of fillings	190	1
Teeth filled	188	1
Teeth extracted	113	—
General anaesthetics given	38	—
Teeth otherwise conserved	—	—
Number of courses of treatment completed during the year	95	—
DENTURES PROVIDED		
Full upper or lower	—	—
Other dentures	—	—
INSPECTIONS		
No. of patients given first inspections	137	1
No. of patients included above who required treatment	96	1
No. of Dental Officer sessions:		
Treatment	49	
Health Education	3	

Nurseries and Child Minders

Since the regulations relating to Nurseries and Child Minders were amended by the Health Services and Public Health Act, 1968, the number of registered child minders has increased from 8 to 67. This is because the regulations now include all children being minded on a regular basis in someone else's home for more than two hours per day for reward. Registration involves at least two visits from the Chief Nursing Officer or her deputy, a visit and report from the Fire Prevention Officer and the granting of planning permission for the change of use of premises. This has obviously taken up a great deal of time, but it is satisfying to be able to say that most applicants are accepted for registration. There has been one refusal of registration and three or four where an attempt is being made to raise standards of care. The art of child minding has expanded from keeping the child from physical harm to a positive stimulation and encouragement of social, mental and emotional growth. To this end it is hoped to arrange at least one short course for child minders in 1970 in conjunction with the College of Technology, and it is hoped that eventually all minders will be expected to attend at least one course.

Ways in which the public can help are letting the Health Department know when children are being minded by people who are not registered and by ensuring that the person with whom they leave their children is registered. A list of registered child minders is kept in the Health Department for reference. Each child minder is visited regularly after registration.

The number of playgroups registered with the local authority has risen from 14 to 22. Here the premises are visited by the Chief Nursing Officer or her deputy, the fire precautions investigated and planning permission is required except in the case of Church premises. A number of groups are held in private houses, but the majority are held in Church halls or similar large premises. A playgroup gives sessional care either morning or afternoon, it caters for the older pre-school child mainly from 3-5 years of age, giving them experience of play group play and the use of a larger range of activities, materials and objects than are usually available in the normal home.

A list of registered playgroups is available in the Health Department and each is visited regularly.

TABLE 4

Registration of premises and persons under Section 1 of Nurseries and Child Minders' Regulations Act 1948.

	Registered premises			Registered persons
	Factory	Other	Total	
Number of premises or persons registered at end of year	1	25	26	67
Number of children permitted	12	462	274	100

Type of care (all day or sessional) provided by premises and persons included in Table above.

	Premises providing		Persons providing	
	all day care	sessional care	all day care	sessional care
Number of premises or persons	4	22	67	—
Number of children permitted	92	382	100	—

Congenital Abnormalities

Congenital abnormalities are noted on the birth notification card and full details are sent to the Registrar-General each month. During the year 29 infants were born with recognisable abnormalities. Comparative figures for the past four years are given below :

	1966	1967	1968	1969
Central Nervous System	6	6	7	5
Eye and Ear	2	3	—	2
Alimentary System	7	4	7	2
Heart and Great Vessels	1	1	2	—
Uro-Genital System	1	4	6	2
Limbs	7	16	9	12
Other Parts of Musculo-Skeletal System	1	—	—	—
Other Systems	3	4	3	2
Other Malformations	1	4	—	4
	<u>29</u>	<u>42</u>	<u>34</u>	<u>29</u>

Observation Register

Since the 1st January, 1968 the Health Department has maintained a register of children in whom some adverse factor was known to have occurred in their heredity, ante-natal, natal or post natal history. The factors leading to the inclusion of a child's name in the register are often associated with and are obtained from observations made by the midwife at the time of the birth. Infants suffering from severe illness during the first few months of life are also included.

The purpose of the register is to enable the health visitors and medical staff to focus particular attention on those children most likely to suffer from delay in development or some handicapping condition, which might be minimised by early diagnosis and treatment. All infants on the register are visited regularly by the health visitors and at the age of one year are invited to one of the child health clinics for a check on their progress and physical development. At this age a hearing test is also done to exclude impaired hearing. During 1968, 464 infants were included in the register and of these 240 have subsequently been taken off as their progress was entirely satisfactory. In 1969, 435 (21% of the total births) babies were added to the register.

The following factors are used in determining children to be included on the register and appear on the notification of birth card :-

GENETIC—Family history of blindness, deafness, dumbness, etc.

ANTENATAL—Virus infection of mother before 16th week of pregnancy.
Threatened abortion, ante-partum haemorrhage, toxæmia or hypertension.

LABOUR—Prematurity if birth weight less than 3 lb. 12 oz. Abnormal labour (over 48 hours, forceps, Caesarean section, breech, twins, hydramnios, etc.).

PERINATAL—Exchange transfusion or serum bilirubin over 20%.
Foetal distress (anoxia, cyanotic attack, delay in establishment of respiration if over 3 minutes, undue lethargy, convulsions).
Significant feeding difficulty. Congenital malformations, if obvious.
Other cogent reason (maternal age over 40, severe illness in mother, etc.).

Any severe illness in the first few months of life.

Care of Premature Infants

There were 128 premature live births and 12 still births notified during the year compared with 132 and 14 respectively last year. Of the six born at home or in a nursing home five survived the first month of life, the infant which died weighed only 2 lbs. at birth and died shortly after reaching hospital. Fourteen of the 122 infants born in hospital died within 28 days. Even with the skilled medical and nursing care given in the Barratt Premature Baby Unit the chance of survival for these small infants depends to a considerable extent on the birth weight as can be seen from the accompanying table:—

<i>Birth Weight</i>	<i>Total born Alive</i>	<i>Died within 28 days</i>
Under 2 lbs. 3 oz.	4	4
2 lbs. 4 oz.—3 lbs. 4 oz.	14	6
3 lbs. 5 oz.—4 lbs. 6 oz.	21	4
4 lbs. 7 oz.—4 lbs. 15 oz.	26	1
5 lbs. 0 oz.—5 lbs. 8 oz.	64	0
	<hr/> 129 <hr/>	<hr/> 15 <hr/>

Unmarried Mothers

During the year financial responsibility was accepted for ten unmarried mothers.

The Council pay to the Mother and Baby Homes the balance of maintenance fees, (i.e. after deducting contributions from all other sources), in approved cases for a period not exceeding twelve weeks (i.e. approximately four weeks before confinement, two weeks lying-in period, and approximately six weeks afterwards).

The patient is required to pay to the Home the total weekly sum (less 18/- per week personal allowance) which she receives from the Department of Health and Social Security plus contributions which she may receive from other sources.

Survey of Accidental Poisoning in Childhood

Admissions to hospital of children accidentally poisoned have increased both nationally and locally in recent years. In conjunction with the County Medical Officer of Health for Northamptonshire it was decided to obtain further information on the extent of the problem locally by investigating the circumstances of each child admitted to hospital for accidental poisoning during the three months 1st July to 30th September, 1969. During these three months, 25 children resident in the borough were admitted to Northampton General Hospital for this reason. Boys outnumbered girls by nearly 2:1; 20 of the children were between their first and fourth birthdays, all were under the age of six years. There were no deaths and the majority were in hospital for one night only. The substances taken are listed below and it is noteworthy that in ten instances hospital admission was necessitated by an accidental over-dose of aspirin; eight of these in the form of Junior Aspirin:—

Types of Poisoning Agents:

Medicaments—

	<i>Cases</i>
Aspirin	10 (8 took Junior Aspirin)
Kwells	1
Cough Mixture	2
Taractan	1
Phenergen Elixir	1
Iron Tablets	1
	<hr/> 16 <hr/>

Household Agents:

Lighter Fuel	1
Turps	2
Sloans Liniment	1
Pine Disinfectant	1
Sherry	1
Paraffin	1
Persil	1
Slug Pellets	1
	<hr/> 9 <hr/>

In 14 of the 16 cases in which medicaments were involved the substance was contained in a bottle, the household agents were found in a variety of containers, some of which were improvised. Half of the medicaments were not in use at the time

of the accident. Regarding the family, only six children were "only" children ; one child came from a family of eight ; the majority from families with two or three children ; the parents were not unduly young or inexperienced and there was no evidence to suggest that there was an undue preponderance of children from families in any particular social class.

This small survey suggests that the pattern of accidental poisoning in children locally is similar to the national picture. The problem is largely confined to children under the age of five years with the maximum incidence between one to four years. Aspirin, which is kept in practically every home and is regarded as a remedy for most ills, was the commonest single cause of admission to hospital in this series. Fortunately, no child in this group was seriously ill, nevertheless aspirin is a potentially lethal drug and is responsible for a number of the deaths throughout the country each year. The importance of safe storage for all medicines in use and the need for proper disposal of unwanted medicines cannot be over-stated.

MIDWIFERY

Seventy-six midwives notified their intention to practice in the County Borough during 1969 as follows:—

Domiciliary (including three administrative staff and two county midwives)	..	..	..	..	..	15
St. Edmund's Maternity Unit	..	..	..	..	..	14
Barratt Maternity Home	..	..	..	..	..	39
Other Maternity Homes	..	..	..	..	..	7
Private	..	..	..	..	..	1

Domiciliary Midwifery

During recent years the number of home confinements has fallen steadily:—

1965	..	..	..	..	436
1966	..	..	..	..	369
1967	..	..	..	..	261
1968	..	..	..	..	150
1969	..	..	..	..	115

In Northampton at the present time there are sufficient maternity beds for all expectant mothers who either need or wish to be delivered in a maternity unit so to do. Alterations now taking place in both the Barratt Maternity Home and St. Edmund's Maternity Unit will increase the number of maternity beds so it is likely that the pattern of confinement in one or other of these units with planned early discharge will continue for the foreseeable future. The consequent decline in the number of home confinements has brought about some difficulties in connection with the maintenance of the Domiciliary Midwifery Service for now much of the work is concerned in the post natal care of mothers and babies discharged from the maternity units early in the puerperium. In most cases such early discharge is planned and the midwife has visited the mother at least twice during the pregnancy in order to get to know her and her home circumstances. Even so, the midwife is no longer fulfilling her role by taking responsibility for the whole care of the woman during pregnancy, labour and the lying-in period and with so few deliveries it is difficult for the full-time midwife either to obtain sufficient job satisfaction or to retain her expertise in the conduct of a normal labour. In order to overcome the latter difficulty the Matron of the Barratt Maternity Home offered facilities for all the domiciliary midwives, both full and part-time, to spend five days there working in the ante-natal, labour and post natal wards. During the year eight of the 10 midwives have been able to do this. Also, midwives are encouraged to accompany to the Barratt Maternity Home those women who are booked for home confinement but transferred to the Hospital late in the ante-natal period because of some abnormality or difficulty in labour. Nine such cases were delivered in the Barratt Maternity Home by the domiciliary midwives during 1969.

The future of the Domiciliary Midwifery Service remains in doubt. Further discussions with the hospital authorities will, it is hoped, enable the domiciliary midwives to be utilised within the hospital and general practitioner unit to a greater extent than at present and thus ensure that facilities are retained for expectant mothers wishing to have their babies at home and for whom there is no special indication that they should be confined in hospital or general practitioner unit. Further details of the work of the Domiciliary Midwifery Service are given overleaf:—

A. Deliveries attended by Domiciliary Midwives during 1969

(i) (a)	Doctor not booked but present at delivery	..	..	..	—
	(b) Doctor not booked and not present at delivery	..	..	..	—
(ii) (a)	Doctor booked and present at delivery	..	..	..	22
	(b) Doctor booked and not present at delivery	..	..	..	93
(iii)	Total deliveries attended	..	..	..	115
B. (i)	Number of cases in which "Entonox" was administered by midwives				69
(ii)	Number of cases in which "Pethalorfan" was administered by midwives	..	..	..	54
C.	Number of cases attended by domiciliary midwives after discharge from hospital before the tenth day	..	..	..	1,145

D. Ante-Natal Clinics

One Ante-natal clinic was held weekly at St. Giles Street Clinic for patients booked from home confinement.

(i)	Number of sessions held	..	..	..	..	80
(ii)	Number of women who attended above clinic for ante-natal examination	..	..	..	..	125

E. Mothercraft and Relaxation Classes

Because of the increased demand, mothercraft and relaxation classes are now held four times a week in St. Giles' Street Clinic. These classes are attended mainly by women expecting their first babies but any expectant mother is eligible regardless of the size of her family or where she is to be delivered. The classes are taken jointly by a health visitor and a midwife. Pupil midwives undertaking their district work also attend these classes as an essential part of their training. During the year 362 expectant mothers made 1,264 attendances.

HEALTH VISITING

The staff at the end of the year comprised two senior health visitors, ten full-time, two part-time health visitors, seven full-time and two part-time school nurses and two student health visitors.

The shortage of qualified health visitors has continued to restrict progress in the development of the service but despite this there has been an increase in the number of visits compared with last year. The majority of health visitors are now attached to group practices and visits made at the request of the general practitioner form an increasing proportion of the total.

As well as carrying out their other duties three health visitors have accepted special responsibility for liaison with the hospital geriatric and paediatric departments. One health visitor attends weekly meetings in St. Edmund's Hospital geriatric unit with hospital medical and nursing staff, social workers, dietitians, physio-therapists and Day Centre staff. The health visitor with responsibility in the paediatric field attends the Consultant Paediatrician's ward round in the Northampton General Hospital each week, whilst the third pays regular visits to the Special Care and Premature Baby Unit.

These visits form an important link between the hospital and local authority staff. The health visitor is able to provide information on the patients home circumstances, often of great importance in the assessment of ill-health in both children and elderly people. She also facilitates the provision of community services for patients about to be discharged from hospital and can keep her colleagues informed of the progress and needs of patients for whom they have some responsibility.

<i>Cases Visited</i>	<i>Number</i>
1. Children born in 1969—first visit	2,267
—subsequent visits	4,791
2. Children born in 1968—first visit	1,350
—subsequent visits	2,749
3. Children born in 1964/67—first visit	1,913
—subsequent visits	3,504
4. Total lines 1 to 3 —first visit	5,530
—subsequent visits	11,044
5. Persons aged 65 or over—first visit	437
—subsequent visits	616
6. Number included in line 5 who were visited at the special request of a G.P. or hospital	515
7. (a) Mentally disordered persons (adults)	75
(b) " " " (children)	14
8. Number included in lines 7(a) and (b) who were visited at the special request of a G.P. or hospital	49
9. Persons discharged from hospital (other than Mental Hospital)	
—first visit	62
—subsequent visits	39
10. Number included in line 9 who were visited at the special request of a a G.P. or hospital	52
11. (a) Number of tuberculosis households visited	49
(b) Number of tuberculosis contacts visited	46
12. Number of households visited on account of other infectious disease	62
13. Birth Control	92
14. Number of cases referred to special session of F.P.A. clinic ..	85
15. Child Minders	18
16. Surveys	55
17. Nurseries and Schools (other than visits recorded elsewhere) ..	58
18. Expectant mothers	213
19. School-children	228
20. Other visits	665
21. Non-effective visits	3,049
22. Total visits requested by G.P.	828
23. Total visits to Commonwealth mothers and children	276
24. <i>Other Work</i>	
Number of tests: (a) P.K.	1,372
(b) Hearing	728
25. Number of clinic sessions	1,402
26. Number of talks, demonstrations, group discussion etc.	661

HOME NURSING

In 1967 the Establishment Committee approved an establishment of 22 district nurses but owing to financial restrictions only 19 of these posts are filled at present. It is hoped that it will be possible to make good the deficit next year.

Since October, 1968 the district nurses have been attached to general practitioner practices in the borough. Two of the nurses undertake relief duties for days off and holidays, the other 17 are each attached to one or two group practices. As a result communication between doctors and nurses has improved markedly and this has enabled a better service to be given to the patient. In addition the scope of the work undertaken by the nurse has widened as the general practitioners involve them in a greater variety of visits than before. The total number of patients visited has risen from 1,436 in 1968 to 1,698 this year of which 1,134 were over the age of 65 years at the first visit compared with 902 last year. 777 patients, nearly half of the total, required visits from the district nurse for less than a month while only 437 required regular visits for six months or longer. The majority of this latter group were aged 65 years or more. The total number of visits made by the nurses during the year has increased from 48,311 in 1968 to 56,304.

For several years now there has been an evening nursing service; one of the district nurses being available for the emergency calls each night. In December, 1968 a part-time nurse was appointed for this work from Monday to Friday which enabled this service to be expanded, regular as well as emergency visits being made.

In October of this year, two part-time nursing assistants were appointed. They have some nursing experience and work under the direction of the district nurses, carrying out some of the simple routine procedures such as bedmaking, blanket bathing, and some general care. Many of the patients requiring visits from the district nurse are elderly and whilst some of the attention they need demands the skills of a trained nurse, much of the general care can be given by an assistant. In this way the district nurse is able to devote more time to those patients who need her particular skills. It is hoped to increase the number of assistants to four next year.

The first two nurses from this authority to undertake the training leading to the National Certificate for District Nursing commenced the appropriate course in Leicester in September 1969. One completed the course satisfactorily and gained the Certificate but unfortunately the other was unable to complete this course because of unexpected family commitments. It is hoped she will be able to complete the course next year.

Details of the work undertaken by the nurses are given below :—

	1967	1968	1969
Total number of patients nursed during year	820	1,436	1,698
Number of patients under 5 at first visit	22	32	49
Number of patients over 65 at first visit	422	902	1,134
Total visits to all patients	45,426	48,311	56,304

TABLE 5
Home Nursing—Analysis of Cases by Age Group and Condition

CONDITION	TOTAL	0-4		5-14		15-24		25-44		45-64		65+	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Post Operative ..	247	2	—	4	—	7	9	8	31	40	43	41	62
Accident/Injury ..	115	6	3	3	2	2	4	2	5	6	5	17	60
Neoplasm ..	154	—	—	—	—	—	1	2	9	13	24	47	58
Infection ..	223	13	18	10	8	3	6	7	15	10	23	41	69
Inflammation ..	101	1	—	—	1	1	—	3	2	6	12	24	51
Other ..	858	5	1	2	—	1	17	6	34	50	78	218	446
TOTAL ..	1,698	27	22	19	11	14	37	28	96	125	185	388	746
Abortion ..	3	—	—	—	—	—	2	—	1	—	—	—	—
Pregnancy ..	30	—	—	—	—	—	9	—	21	—	—	—	—
Gynaecology ..	65	—	—	—	—	—	3	—	19	—	7	—	36
Skin Diseases ..	155	10	11	5	6	2	4	2	9	8	19	27	52
Bone/Muscle Lesions ..	236	3	—	5	2	7	3	7	17	26	37	32	97
Gastro-Intestinal Disorders ..	169	5	3	3	—	2	4	7	3	26	16	46	54
Respiratory Dis. ..	207	5	3	1	1	—	2	5	4	24	18	78	65
Dis. of Nervous System ..	41	1	1	—	—	—	2	1	4	2	4	6	20
Blood Disease ..	179	—	—	—	—	1	1	1	6	11	26	40	93
Vascular Lesions ..	76	—	—	—	—	—	—	—	—	8	8	26	34
Heart Failure ..	82	—	—	—	—	—	—	1	—	2	4	30	45
Ear, Nose, Throat and Eye ..	50	3	3	4	1	2	2	1	—	—	5	8	21
Rheumatism and Arthritis ..	91	—	—	—	—	—	—	—	4	4	13	13	57
Peptic Ulcers ..	4	—	—	—	—	—	—	—	—	—	1	1	2
Constipation ..	37	—	1	1	—	—	4	1	2	2	5	10	11
Diabetes ..	32	—	—	—	—	—	1	—	—	2	2	6	21
Asthma ..	6	—	—	—	1	—	—	—	—	1	2	—	2
Cerebral Lesions (No. above with Paralysis) ..	84	—	—	—	—	—	—	—	—	5	6	35	38
Senility ..	(45)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(1)	(2)	(20)	(22)
Paralysis ..	57	—	—	—	—	—	—	—	—	—	1	17	39
Varicose Veins ..	12	—	—	—	—	—	—	—	2	—	5	—	5
Heart Lesions ..	56	—	—	—	—	—	—	1	3	4	6	10	32
Other ..	10	—	—	—	—	—	—	1	1	—	—	3	5
Other ..	16	—	—	—	—	—	—	—	—	—	—	—	16
TOTAL ..	1,698	27	22	19	11	14	37	28	96	125	185	388	746

TABLE 6

Home Nursing—Analysis of Cases by Condition—Duration of Care—Result

Condition	Total	Duration of Care						Result				Incontinent	
		7 days or less	6-28 days	1-3 months	3-6 months	Over 6 months	More than 24 visits during year	Discharged	Admitted to Hospital	Died	Other	Urinary	Faecal
Post-Operative ..	247	37	81	54	33	42	59	150	26	15	56	10	1
Accident and Injury ..	115	31	40	23	9	12	16	77	13	7	18	5	1
Neoplasm ..	154	34	36	44	14	26	30	21	36	64	33	21	9
Infection ..	223	96	74	24	12	17	35	149	37	10	27	6	3
Inflammation ..	101	17	21	21	21	21	36	43	120	5	33	4	1
Other ..	858	162	148	145	84	319	274	260	169	98	331	82	29
TOTAL ..	1,698	377	400	311	173	437	450	700	301	199	492	128	44
Abortion ..	3	3	—	—	—	—	—	3	—	—	—	—	—
Pregnancy ..	30	5	16	8	1	—	1	25	2	—	3	—	—
Gynaecology ..	65	6	25	10	4	20	17	29	6	7	23	6	2
Skin Diseases ..	155	37	53	30	18	17	28	109	15	4	27	1	—
Bone and Muscle Lesions ..	236	40	66	53	23	47	52	119	34	19	64	9	3
Gastro-Intestinal Disorders ..	169	58	44	28	16	23	31	76	38	32	23	14	16
Respiratory Disease ..	207	70	56	28	19	34	41	82	40	40	45	19	7
Disorders of Nervous System ..	41	9	10	15	—	7	7	20	13	3	5	6	3
Blood Disease ..	179	29	17	37	19	75	56	54	23	18	84	5	4
Vascular Lesions ..	76	12	17	20	5	15	18	23	20	15	18	12	2
Heart Failure ..	82	13	13	11	12	33	30	9	25	18	30	14	3
Ear, Nose, Throat and Eye ..	50	17	13	8	4	10	14	32	4	2	12	—	—
Rheumatism and Arthritis ..	91	6	8	15	12	50	46	17	20	7	41	3	2
Peptic Ulcers ..	4	1	2	1	—	—	—	3	—	—	1	—	—
Constipation ..	37	24	6	4	1	2	5	30	4	3	—	1	1
Diabetes ..	32	1	8	6	3	19	18	5	3	1	23	—	—
Asthma ..	6	1	—	2	1	2	4	2	1	—	3	—	—
Cerebral Lesions ..	84	24	16	12	8	31	28	21	20	13	31	21	7
(No. of above with Paralysis)	(45)	(12)	(5)	(7)	(5)	(16)	(16)	(9)	(11)	(7)	(18)	(13)	(5)
Senility ..	57	8	11	10	5	24	24	5	10	13	23	10	3
Paralysis ..	12	4	—	2	—	6	6	4	9	—	5	3	—
Varicose Ulcers ..	56	1	9	8	—	18	23	23	10	1	22	—	—
Heart Lesions ..	10	3	6	—	1	—	—	8	2	—	—	1	—
Other ..	16	5	4	3	1	4	1	7	2	3	3	3	1
TOTAL ..	1,698	377	400	311	173	437	450	700	301	199	492	128	44

TABLE 7(a)
Home Nursing—Analysis of Cases by Age Group—Type—Duration of Care

Type of Case		Total	0-4		5-14		15-24		25-44		45-64		65 +	
			M	F	M	F	M	F	M	F	M	F	M	F
Acute	..	654	25	22	19	10	14	34	17	76	65	77	108	187
Chronic	..	1,044	2	—	—	1	—	3	11	20	60	108	280	559
TOTAL	..	1,698	27	22	19	11	14	37	28	96	125	185	388	746
Medical	..	1,356	18	20	10	10	5	22	19	55	81	141	323	652
Surgical	..	328	9	1	9	1	9	15	9	39	43	41	61	91
Mental	..	10	—	—	—	—	—	—	—	2	—	3	2	3
Iatrogenic	..	4	—	1	—	—	—	—	—	—	1	—	2	—
TOTAL	..	1,698	27	22	19	11	14	37	28	96	125	185	388	746
Duration of Care		Total	0-4		5-14		15-24		25-44		45-64		65 +	
			M	F	M	F	M	F	M	F	M	F	M	F
7 days or less	..	378	15	11	11	5	8	16	9	17	32	32	107	115
6-28 days	..	398	9	11	7	4	5	16	10	40	28	46	72	150
1-3 months	..	311	2	—	1	2	1	5	4	22	28	34	69	143
3-6 months	..	174	—	—	—	—	—	—	1	6	12	26	39	90
Over 6 months	..	437	1	—	—	—	—	—	4	11	25	47	101	248
TOTAL	..	1,698	27	22	19	11	14	37	28	96	125	185	388	746
More than 24 visits	..	448	3	1	1	0	0	1	2	16	29	50	96	249

TABLE 7(b)

Home Nursing—Analysis of Cases by Condition—Treatments

Condition	Total	TREATMENT																Non-effective Visits							
		General Nursing Care								Catheterisation	Bladder Wash	X-ray Prep	Visits of Observation	Injections		Rehabilitation	Pessary Change		Dressings	Manual Removal	Social Advice	Collect Prescription	Night Call	Other	
		Bed making	Enema Supp.	Wash Hair	Exercises	Temperature	Night Care	Pres. Areas	Wash					Blanket Bath	Diabetic										Other
Post Operative ..	247	23	11	—	4	15	2	43	31	54	2	1	—	67	—	20	17	1	176	2	16	29	4	13	—
Accident/Injury ..	115	15	3	1	2	7	1	24	24	24	—	—	—	42	—	8	4	—	76	2	10	12	1	12	—
Neoplasm ..	154	59	21	—	2	17	11	81	69	65	4	2	—	46	1	52	4	1	32	2	17	30	9	7	3
Infection ..	223	41	9	—	3	72	—	46	49	61	4	3	—	86	1	73	5	—	60	1	41	29	1	5	1
Inflammation ..	101	10	1	—	1	3	1	11	11	13	—	—	—	29	1	16	1	—	72	—	13	22	—	2	—
Other ..	858	178	87	9	29	57	15	268	254	385	6	3	—	248	27	240	50	18	56	14	101	104	11	44	6
TOTAL ..	1,698	326	132	10	41	171	30	473	438	602	16	9	—	518	29	409	81	20	472	20	198	226	26	83	10
Abortion ..	3	—	—	—	—	2	—	—	—	—	—	—	—	1	—	1	1	—	—	—	2	—	—	—	—
Pregnancy ..	30	—	—	—	—	1	—	—	—	—	—	—	—	3	—	19	3	17	7	—	2	—	—	—	—
Gynaecology ..	65	10	6	1	1	1	—	10	7	11	3	1	—	18	—	7	3	—	29	1	5	11	1	9	2
Skin Diseases ..	155	8	4	—	4	18	—	13	15	27	—	—	—	53	—	16	3	—	119	3	29	25	3	3	1
Bone/Muscle Lesions ..	236	36	12	—	5	16	2	55	46	67	2	1	—	79	1	48	17	—	112	3	22	28	6	17	—
Gastro-Intestinal Disorders ..	169	39	25	1	1	20	5	52	48	54	2	2	—	59	—	32	8	2	58	2	22	20	4	5	2
Respiratory Disease ..	207	75	16	1	3	60	7	92	92	100	3	2	—	82	—	70	8	—	10	2	31	26	6	4	—
Disease of Nervous System ..	41	8	2	2	2	3	—	12	18	18	—	—	—	11	—	11	—	—	3	1	9	5	—	2	—
Blood Disease ..	179	24	6	1	—	7	4	22	20	24	2	—	—	20	1	137	7	—	11	1	14	18	5	4	—
Vascular Lesions ..	76	26	6	—	9	8	1	24	37	49	1	—	—	25	1	2	15	—	14	2	10	4	2	3	—

TABLE 7(b)—Continued

Home Nursing—Analysis of Cases by Condition—Treatments

Condition	Total	TREATMENT																							
		General Nursing Care										Injections		Rehabilitation	Pessary Change	Dressings	Manual Removal	Social Advice	Collect Prescription	Night Call	Other	Non-effective Visits			
		Bed making	Enema Supp.	Wash Hair	Exercises	Temperature	Night Care	Pres. Areas	Wash	Blanket Bath	Catheterisation	Bladder Wash	X-ray Prep										Visits of Observation	Diabetic	Other
Heart Failure	82	25	3	1	4	6	3	48	37	53	—	—	—	28	2	12	4	9	—	11	15	1	5	—	
Ear, Nose, Throat and Eye ..	50	1	2	1	—	9	—	13	5	11	—	—	—	17	—	11	—	11	5	5	10	1	10	—	
Rheumatism and Arthritis ..	91	7	7	—	1	2	1	21	19	46	—	—	—	16	—	25	2	11	2	6	16	—	6	—	
Peptic Ulcers	4	1	—	—	—	—	—	1	7	—	—	—	—	7	—	—	—	4	—	—	1	—	—	—	
Constipation	37	3	34	—	—	2	1	1	5	6	2	1	—	18	1	2	—	2	2	2	1	2	—	—	
Diabetes	32	—	—	—	—	—	—	—	—	1	—	—	—	8	20	1	1	6	6	6	8	—	3	—	
Asthma	6	—	—	—	—	—	—	—	—	2	—	—	—	3	—	4	—	—	1	1	—	—	—	—	
Cerebral Lesions	84	34	5	—	9	6	2	48	38	69	—	—	—	34	—	2	8	5	6	6	11	1	2	—	
(No. of above with paralysis)	(45)	(22)	(2)	(—)	(7)	(4)	(—)	(24)	(23)	(40)	(—)	(—)	(—)	(20)	(—)	(—)	(3)	(3)	(4)	(4)	(8)	(—)	(2)	(—)	
Senility	57	14	3	2	1	3	2	32	26	42	—	—	—	17	—	—	3	3	7	4	8	—	4	2	
Paralysis	12	6	1	—	1	3	—	12	5	10	—	1	—	2	—	2	1	4	2	2	6	—	—	—	
Varicose Ulcers	56	—	—	—	—	—	—	6	1	2	—	—	—	13	—	—	—	53	5	9	—	—	—	—	
Heart Lesions	10	4	—	—	—	3	—	7	7	5	—	—	—	1	—	—	—	1	—	—	—	—	—	—	
Other	16	5	—	—	—	1	2	4	5	5	1	1	—	3	—	7	—	—	—	1	3	—	—	—	
TOTAL	1,698	326	132	10	41	171	30	473	438	607	16	11	—	518	29	411	81	471	20	198	226	26	83	10	

AMBULANCE SERVICE

This service is undertaken on behalf of the Health Committee by the Fire, Civil Defence and Ambulance Services Committee and the officer in charge is the Chief Fire Officer. The service covers infectious disease cases as well as general ambulance work and accidents and the following summarises the work carried out:

					<i>Ambulances</i>	<i>Sitting Case Cars and Coaches</i>	<i>Totals</i>
Vehicles on 31.12.1969	..	..	..	..	8	10	18
Journeys	..	..	..	..	14,223	11,656	25,879
Patients carried	..	..	..	..	27,971	44,806	72,777
Accidents and other emergency journeys included above	..	..	..	..	1,242	47	1,289
Total mileage	..	..	..	..	98,114	130,523	228,637

Of the total mileage of 228,637, journeys within the County Borough amounted to 157,173 miles and those to destinations outside were 71,464. There were 560 journeys outside the 50 mile radius which accounted for 60,963 miles of the 71,464 miles. 106 patients were transported by British Railways totalling 9,991 miles.

There were 337 patients conveyed by ambulance or sitting case car to Leicester or Nottingham at the request of the Ministry of Social Security for limb fitting, and invalid chair clinics involving a mileage of 6,509.

ILLNESS PREVENTION CARE AND AFTER CARE

Cervical Cytology

The use of the Cervical Cytology Service has increased steadily since it was started in 1966. Since 1967 the service has been available to women of all ages but despite the fact that these smears are also taken by the family doctors and at out-patient clinics, figures show that only about one-third of the women in Northampton have so far taken advantage of this test.

Two clinics are held each week in St. Giles' Street Clinic, staffed by women medical officers who have received post graduate training by the Senior Consultant Obstetrician and Gynaecologist. As well as obtaining a cervical smear, a clinical inspection is made of the breasts and abdomen in order to detect other forms of disease which may be present. All equipment used is pre-sterilised and disposable. Any condition found which needs treatment or further investigation is referred to the family doctor.

The table which follows gives a summary of the work of the clinic, patients being analysed according to social class and age:

TABLE 8
Cytology Clinic, 1969

PATIENTS ATTENDING:

A G E

<i>Grouping</i>	<i>Under 25</i>	<i>25-30</i>	<i>30-35</i>	<i>35-40</i>	<i>40-45</i>	<i>45-50</i>	<i>50-55</i>	<i>55 and over</i>	<i>Total</i>
1	—	1	3	1	—	—	2	—	7
2	7	16	37	30	35	22	23	8	178
3	34	93	122	122	109	94	56	61	691
4	4	10	16	22	14	6	6	3	81
5	1	1	4	—	1	—	2	—	9
Total	46	121	182	175	159	122	89	72	966
Referrals Positive	1	1	2	1	2	2	—	—	9

Chiropody Service

This service is provided on behalf of the Council by the Northampton Old People's Welfare Committee. Chiropodists employed in the local authority scheme must possess one or other of the qualifications stated in Section three of the National Health Service (Medical Auxiliary) Regulations, 1954. The Chiropodists receive a fee of 12/- per treatment at the surgery of which the recipient pays 4/- and the local authority the remaining 8/-. Domiciliary treatments cost 19/-, the patient paying 6/- and the local authority 13/-.

During 1969 the situation with regard to chiropody came under review, and discussions were held with the chiropodists, the Borough Treasurer and the Old People's Welfare Committee as to how to contain this service within the financial estimates. The amount allotted for 1969/70 was £2,500. From the beginning of November 1969 the charge to the patient was increased to 4/- for surgery treatments and 6/- for domiciliary visits. This was necessary due to the increase in the numbers applying for inclusion in the scheme and the fact that the chiropodists were awarded an increase in fees. It was necessary therefore to control the number of new applicants by replacing only two out of every three who were withdrawn from the scheme. It is hoped that, when financial restrictions are eased, this service may be allowed to grow at its own pace. Treatments usually number four a year, but this number may be varied at the discretion of the chiropodist since some patients may need more while others can manage with less.

Details of the number of elderly persons treated in recent years is given below :

1961	736
1962	785
1963	786
1964	880
1965	1,000
1966	1,178
1967	1,781
1968	1,921
1969	1,748

<i>Number of treatments given during year ending 31st December, 1969</i>			
	<i>By local authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
In clinics	—	159	159
In patients' homes	—	1,404	1,404
In old people's homes	857	90	947
In chiropodists' surgeries	—	4,655	4,655
Total	857	6,308	7,165

Family Planning

The Family Planning Association continues to provide facilities at one session each month for mothers who are in need of contraceptive advice and treatment on social grounds and yet are unlikely to attend one of the ordinary clinics. Transport to and from the clinic is provided for those mothers with young children who would otherwise find it difficult to attend. During the year 45 women attended these sessions on one or more occasions, 19 were fitted with an intra-uterine device.

Although this authority does not provide a direct Family Planning Service, health visitors and other staff are encouraged to make known the facilities available for family planning and in fact made 85 referrals to the Clinic during the year. Health visitors attached to group practices are particularly well placed to know those mothers who would benefit from contraceptive advice and to help them obtain this, either through their own doctor or at one of the Family Planning Association's Clinics.

Convalescence

In accordance with the Council's scheme under Section 28 of the National Health Service Act, 1946, seven persons were assisted with recuperative convalescence during 1969. Each spent two weeks in a Convalescent Home and contributed towards the cost according to their means.

Hertfordshire Convalescent Home, St. Leonards-on-Sea	..	..	3
W.R.V.S. Winged Fellowship Holiday Home, Redhill	..	..	1
Friendly Societies Convalescent Home, Herne Bay	..	..	3

Medical Loans

In 1969 a total of 782 appliances of various types were issued under the Council's Medical Loans Scheme. An indication of the variety of equipment available to patients is given below.

Air Rings	..	..	85	Bath Seat	..	..	..	—
Back Rests	..	..	86	Hoist	..	..	..	3
Bath Seats	..	..	6	Hose Helper	..	..	..	1
Bed Pans	..	..	98	Helping Hand	..	..	..	4
Beds	..	..	6	Toilet Seat and Attachments	..	..	..	2
Commodes	..	..	121	Fracture Boards..	..	..	..	2
Cradles	..	..	30	Bed Table	..	..	..	2
Crutches	..	..	3 prs.	Pulley and Chain	..	..	..	2
Feeding Cups	..	..	7	Amesbury Chair and Support	..	..	..	4
Mattresses	..	..	2	Tiny Tot Special Chair	..	..	..	1
Rubber Sheets	..	..	58	Mycroft Walking Aid	..	..	..	1
Urinals	..	..	91	Bed Blocks	..	..	..	2
Walking Frames	..	..	40	Toilet Chair on Wheels	..	..	..	1
Walking Sticks	..	..	11	Turntable on Wheels	..	..	..	0
Wheelchairs	..	..	69	Alternating Pressure Beds	..	..	..	18
Douche Cans	..	..	2	Tripod Walking Aids	..	..	..	23
Amesbury Walk Aid	..	..	1					

Health Education

The continued lack of suitably trained and qualified staff with specific responsibility for health education has prevented any great progress from being made in this field. However, the staff of the department have throughout the year participated in a number of talks and discussions with various groups covering a wide range of subjects pertaining to health. In some schools health visitors and school medical officers undertake regular teaching sessions on health matters and at the present time the health department is engaged in discussions with the Education Department and members of school staff regarding the use of television programmes for sex education in junior schools. Health education forms an important part of the work undertaken in child health clinics, both to the individual on specific matters and groups of mothers with common problems.

As a result of a national and local increase in the number of children admitted to hospital because of accidental poisoning a survey of these cases was undertaken in conjunction with the County Health Authority during the months of July, August and September, 1969. An account of this survey is given on page 29.

During the latter part of the year a course for persons approaching retirement or recently retired was arranged in conjunction with the Workers' Educational Associa-

tion. This Course consisted of six sessions including talks and discussions on such subjects as work, leisure, health and the financial aspects of retirement. The Course was well attended and is likely to be repeated next year.

Three courses on food hygiene were held for persons employed in the catering and food handling trades.

Marie Curie Memorial Foundation

During the year 31 patients were helped by the Marie Curie Memorial Foundation which provides day and night nursing care for patients with terminal cancer being nursed at home. This is in addition to nursing care given by the district nurse and the service is administered by this Authority as an Agent for the Foundation. The service provided by these nurses is greatly appreciated by the patients and their relatives and without such help it would often be impossible for the patient to remain at home

Laundry Service

Since 1968 the Council has provided a free laundry service to assist relatives in caring for incontinent patients being nursed at home.

Draw sheets are provided and these are delivered at least twice a week to the homes of the patients and at the same time soiled sheets are collected and taken to the Cliftonville Training Centre for laundering. Where necessary other articles of clothing or bedding are also dealt with under this scheme.

Throughout the year this service was provided for nineteen patients.

Home Dialysis

The Council continued its policy of carrying out adaptations to homes to enable patients from the Renal Dialysis Unit at the Churchill Hospital, Oxford to return home and undertake home dialysis. Two patients were assisted in this way during 1969 making a total of five since the provision was introduced.

Nursing Homes

At the 31st December, 1969, the following Nursing Homes were registered under Section 187 of the Public Health Act, 1936, as amended by the Nursing Homes Act, 1963:

St. Matthew's Nursing Home, 29/31 St. Matthew's Parade	30 patients (not more than 4 to be maternity cases)
'Elmleigh', 114 Harlestone Road	20 maternity patients
Bethany Homestead, Kingsley Road	46 patients
'Lynwood' 39 East Park Parade	16 patients
'St. Martins' Nursing Home 9 Park Avenue North	5 patients



Home Dialysis equipment being operated by the patient
(Photograph reproduced by courtesy of the "Chronicle and Echo")

Medical Assessment of Prospective Employees

In July, 1969 a scheme was introduced for the medical assessment of prospective employees by the use of a medical questionnaire. The scheme covered most categories of staff but excluded those for whom a statutory requirement existed for a full medical examination. Certain groups of employees in contact with children and young persons were required to have a chest X-ray.

The summary below gives an indication of the number of medical questionnaires which were subject to scrutiny by the department's medical officers during the period the scheme was in operation.

July—December, 1969

<i>Department</i>	<i>Notified Fit</i>	<i>Referred to Medical Referee</i>	<i>Fit</i>	<i>Unfit</i>
Architect	11	—	—	—
Children's	7	—	—	—
Education	110	3	2	1
Engineer's	37	4	3	1
Estates	35	1	1	—
Fire Service	1	—	—	—
Health	39	2	1	1
Housing	8	—	—	—
Libraries	9	—	—	—
Markets	1	—	—	—
Museums	2	2	2	—
Public Health	3	—	—	—
Taxation	6	—	—	—
Town Clerk	13	—	—	—
Transport	8	—	—	—
Treasurers	11	—	—	—
Youth Employment ..	1	—	—	—
Total	302	12	9	3

SCHOOL HEALTH

GENERAL INFORMATION, 1969

Home Population at all Ages (estimated at 30th June, 1969)	123,800
Estimated Child Population (30th June, 1969) :	

Under 1 year	2,080
1—4 years inclusive	8,920
5—14 years inclusive	18,300
	29,300
Total under 15 years	29,300

<i>Primary Schools</i>	<i>Number on Roll</i>
Number of Schools	46
Number on Rolls	12,787

<i>Secondary Modern Schools</i>	
Number of Schools	12
Number on Rolls	4,898

<i>Secondary Grammar and Technical Schools</i>	
Grammar School for Boys (Town and County)	845
Grammar School for Girls	654
Trinity Grammar School—Mixed	728

<i>Special Schools</i>	
Northgate	140
Fairfield	84
Manfield Orthopaedic Hospital	23
John Greenwood Shipman Home	30
Harborough Road Hospital	9

<i>Nursery Schools</i>	
Silver Street	80
Bush Hill	40
Gloucester	40
Victoria Park	40
Wallace Road	40

Total Number of Pupils on Roll ..	20,438
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THE SCHOOL HEALTH SERVICE

The total school population continues to rise and the necessary arrangements for integrated management of the School Health Service with the Maternity and Child Welfare Service have continued. The transfer of the administration of the School Health Service from the School Clinic to the Health Department has been most useful and it is now possible for the medical officers to follow children right through from infant welfare to leaving school.

Following this re-organisation it has been possible to initiate the use of a punch hole card on which individual disabilities which may or may not require ascertainment can be recorded, and a start has been made in this field during the year.

Routine Medical Inspection

Routine medical inspections were carried out on 3,904 children during the year and while this is a slight fall compared with previous years, the selection procedure accounts for the difference in the figures. This has enabled medical officers to carry out more examinations and investigations of a specialised nature to ensure that children are suitably placed and making satisfactory progress. In this field the assessment of children who are reported as educationally backward has been an increasing section of the medical officer's work.

Screening of Five Year Olds at Medical Inspection

During the year a trial of a specially prepared series of screening tests was introduced as an essential part of the 5-year old entrants medical inspection. The object was to try and identify as early as possible in their school career those children who will require special educational treatment as not infrequently ESN children are not referred till midway through their school life and in the meantime having met continual disappointment.

The tests were specially selected from other standardised test material and were undertaken by the medical officers.

It was found with the first series of tests that it was essential for the medical officer to have been trained in the Course for the Psychological Assessment of Children before a standardised result could be achieved. One medical officer who had not attended this Course did not produce valid results and this excluded 230 of the children. Of the remaining 425 children who were assessed by experienced medical officers 47 children were picked up as failing to meet the requirements of normal schooling. Twenty-four of these failed on clinical grounds and a further 23 children were picked up by the test, who had no physical disability to account for the low performance. As a result of the tests five were referred for full assessment as possible ESN pupils and five on account of severe emotional problems.

Various conclusions were reached as a result of the trial both in relation to the actual construction of the tests used, and the order in which the tests were administered. As a result of this trial the tests have been revised and a new presentation agreed which will enable the tests to be handled by data processing methods.

There is no doubt that as a result of the introduction of these screening tests into the routine medical inspection a more comprehensive assessment of each child is

achieved enabling departures from normal in any field of the child's development to be identified and appropriate action taken at a much earlier stage than would otherwise have occurred. The contribution of the members of the teaching staff in the schools towards this assessment has proved invaluable.

Medical Officers

During the year a very detailed survey of the sessional work of the medical officers in the School Health Service was carried out and a number of interesting facts were revealed. A summary of the findings is given below. This work was carried out because of the prospect of the retirement of one of the medical officers and the unlikelihood, in present conditions, of a full-time replacement for him. It is now proposed to start a scheme of Selective Examination for school leavers in addition to that at the intermediate level and this will allow the deployment of our remaining two medical officers in the more specialised fields of work. It is hoped that the difference will be made up by the employment of general practitioners in the future.

The medical officers have sessions allocated at the School Clinic at regular intervals for special examinations and at which appointments with parents, absent from other examinations, can be arranged.

An analysis of the work of the medical officers by sessions was undertaken during the year. A full year's work was analysed and the findings are summarised as follows :

Total number of sessions available in the year	..	..	1,608
1. Infant Welfare Clinic Sessions	..	..	241
2. Cytology and other Special Clinics	..	..	71
3. Leave and sickness	..	..	234
4. School Health Service Sessions	..	..	1,062
Infants	..	..	140
Juniors	..	..	82
Seniors	..	..	148
Special Schools	..	..	39
Selective Scrutiny	..	..	70
Special Examinations	..	..	74
Dental Anaesthetic	..	..	51
Vaccinations and Immunisations	..	..	102
Children's Department Cases	..	..	20
All other duties (Clinic Medical Exams Health Education Sessions, etc.)	..	..	334

School Nurses

Eight full-time and two part-time nurses helped to staff the School Health Service during the year. Their work has continued to be mainly concerned with :

- (1) Preparation of pupils for medical inspection and carrying out screening tests for eye or ear defects. During the year 3,698 children were screened for eye and ear defects and 498 were reviewed by the audiometrician. Following this review 47 were referred to Mr. C. Gledhill, Consultant E.N.T. Surgeon.
- (2) School nurses assist the school medical officers at routine medical inspections and assist in immunisation.
- (3) They carry out periodic inspection of school children for cleanliness.

- (4) School nurses assist at other special clinics and in particular one nurse is attached to the Special Clinic at the hospital
- (5) Home Visiting—The school nurses continue during vacation periods and at other times to assist the health visitors with domiciliary visits. Each school nurse works in partnership with a health visitor and this has allowed toddler visiting to be followed further than would have been possible by the health visitors alone.

Cleanliness

The figure for children found to be infested has risen during the year and 0.9% of children were found to have either active pediculosis or nits. This compares with a figure of 0.5% in previous years.

Whilst a hard core of families continued to need help in this field it is unfortunately true that other children are becoming infested. While it is not possible at this stage to say that there is any specific cause for this slight rise, it is nevertheless the belief of the medical and nursing staff that a factor in this situation is the current vogue for long hair amongst boys whose hair is not properly cared for. This fashion brings boys into the same situation as most girls have always been in, in that lice are detected only if a fairly severe infestation is present. School nurses are particularly aware of this problem but it is difficult to single out children for inspection and seeing a lot of normal children does reduce the number or percentage of infestations found.

Scabies

There is evidence that scabies has increased dramatically. The incidence remained low until the last two or three months of the year when the incidence doubled. Discussions were held with the Consultant Dermatologist. Special arrangements are available for the necessary bathing of children in families where scabies is present. In the majority of children the bathing can be done and benzyl benzoate applied in the child's own home.

This is still the treatment of choice and newer preparations on the market which contain insecticides have been found to be less effective than the older methods. Arrangements are in hand for general practitioners to be advised on our findings.

Ophthalmic Clinic

The arrangement for consultant services made with the Oxford Regional Hospital Board has continued.

Children are first screened by nurses in the school, checked by medical officers at the routine medical examinations when any necessary referrals to the Ophthalmologists are made.

3,698 children were screened by nurses and 325 referred to the Ophthalmologist for investigation of their inability to pass the agreed screening criteria.

Not all these children required spectacles since a number are kept under observation and sent for later to reassess their progress.

Audiometric Testing

Audiometric sweep testing with pure tone audiometers carried out by school nurses, has continued throughout the year.

As in the previous year the "gate" has been set at 20 decibels loss in infants for the sweep test performed in school.

This has been followed up again by a routine referral to the Clinic of those children who did not pass this test.

4,895 children have had hearing tests by school nurses, and 498 have been referred to the audiometrician.

Arrangements for the Chief Audiology Technician at Northampton General Hospital to see children who fail the sweep test, to confirm the disability and obtain an accurate audiogram, have continued.

In 1969 498 children were referred to him, of whom 47 children were referred for specialist investigation. Twelve are awaiting appointments and 31 are still to be seen.

Mr. O'Reilly, the Chief Audiology Technician, reports as follows:—

"1969 has been a great success as far as the school audiology service is concerned and the follow up clinics at King Street every Thursday have proved a most worthwhile project. Quite a large number of children have been referred from these sessions to Northampton General Hospital where they have had the benefit of Mr. Gledhill's advice and attention and in many cases their problems have been completely solved.

The parents who have brought their children to the King Street Clinic have in many cases expressed their thanks for this service, and in some cases they have requested follow-up appointments in a year's time for their own peace of mind. This in itself surely suggests that the school audiology service has become very popular indeed and we all hope that the service expands and develops over the next year and has as much success as it had in 1969".

Speech Therapy

This department had a difficult year. The speech therapist was able to continue work for some weeks in the spring and subsequently in the absence of a speech therapist the service was carried on, on a care and maintenance basis thereafter.

A new speech therapist was appointed and took up her post in October. Luckily she was able to have some help from her predecessor during the settling in period. A summary of the case load is given below.

Speech Therapy—1969

Children receiving treatment at beginning of year	63
New referrals during the year	91
Number of children seen by Speech Therapist	
(a) Given regular treatment or seen periodically	85
(b) Considered unsuitable for treatment	4
(c) Defaulted	4
(d) Moved from district	4
Number of children on waiting list at the end of 1969	69
Number of children discharged during 1969	25

An establishment for a second speech therapist was created during the year but so far remains unfilled.

Fairfield School

This school is undergoing a major reconstruction and Phase I commenced during the year. This included remodelling of the kitchen, reorganisation of the administration block, demolition of some classrooms and reconstruction of buildings. To supply the need for space, a temporary classroom is in use and a temporary lavatory block has been installed.

The numbers attending have been reduced from 100 to 84 because of limited space during the reconstruction. A small percentage of the children come from outside the County Borough.

TABLE 9
Breakdown of Disabilities for Comparison with Previous Years

<i>Type of Handicap</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>
General Debility	12	15	3
Asthma	9	8	8
Bronchitis	5	4	5
Epilepsy	7	9	9
Nervous Disability	2	1	1
Congenital Heart Disease	3	2	4
Residual Motor paralysis	1	1	0
Maladjusted pupils	8	12	9
Others	40	38	45

Because of the reduction in places the figures are not comparable with other years, as the criterion for admission and retention have temporarily had to be adjusted.

Nevertheless of the 45 in the "Others" category only two are cases of spina bifida and one of hydrocephalus: "spastics" total 9.

A very wide range of disabilities is included in the "Others" category extending from the mild to the severe, and from diabetes to malformation of the nose.

The Northgate Special School for E.S.N. Pupils

For many years the staff at this school had accepted that pupils ascertained as E.S.N. and admitted to the school often had other disabilities which might on occasion be severe.

This year, it became necessary to carry out a re-assessment of all pupils in the school to determine if any of the other disabilities were sufficiently severe to warrant full ascertainment on Form 4 H.P.

This exercise was very complicated and time-consuming and has led to a great deal of liaison work particularly in the interpretation of names of technical terms, which may have one meaning to a layman and another to a medical officer.

Where necessary Form 4 H.P. has now been completed, but in many cases the child's second disability was not such as to require ascertainment under the 1959 Rules.

There is no doubt that the pressure for the egalitarian management of the education of the community may militate against the best interests of many children in the E.S.N. group. There are some for whom the hurly burly of "Comprehensives" brings difficulties and in consequence it is felt that where segregated education is medically or educationally indicated then this should be provided. The need for additional places in this field of special education is reflected in the numbers ascertained and awaiting placement which have averaged between 25 and 30 throughout the year.

Special Class for Children with Behaviour Difficulties

For many years the Educational Psychology and School Health Services have been concerned to find the best way of coping with a small group of young children who have severe emotional difficulties.

It was decided during the year to set up a class for these children, and Barry Road School, which have some spare capacity agreed very generously to accept this Unit, which opened in September.

Admissions to the Unit are agreed at a case conference at which the head teacher, the specialist class teacher, the Chief Education Officer, the Psychologist and Deputy Principal School Medical Officer attend.

So far the construction of the class has not permitted more than six children to attend at any one time, but this will rise in the future. Too many children might lead to an unmanageable problem and the class must be carefully structured.

Up to the end of the year it had not been possible to return any child to a normal class. This transition is difficult to arrange.

Observation in this class is useful in the assessment of any associated subnormality problem and the experience gained in this unit will undoubtedly be useful in the Raeburn School for Maladjusted Children soon to be built.

Deaf and Partially Hearing Children

Children ascertained as suffering from this group of handicaps are placed as follows:—

At Residential Schools	..	..	..	..	18
At Vernon Terrace P.H. Unit	..	..	..	..	9
At Vernon Terrace Nursery Class	..	..	..	..	3
At Nurseries (Part-time)	..	..	..	..	2

The children attending Residential Schools were seen where possible by medical officers during the summer vacation period and reports received of their progress are assessed. The peripatetic teacher also kept in touch during the vacation.

Partially Hearing Unit, Vernon Terrace School

Following the retirement of Mrs. Wilkins, Mrs. Welford was appointed in September in charge of the Unit. Nine children in the 4-7 age group attended and progress was maintained. The children attending are fairly severely handicapped.

One teacher is attending a training course for teachers of partially hearing children, and her return as a qualified teacher will permit expansion of the scope of partially hearing facilities both at the Unit and elsewhere.

The Peripatetic Teacher

Mr. Hamp reports that in three years his case load has risen from 13 to 87 and the effectiveness of the screening procedures coupled with the early detection of severe partially hearing status and deafness in the pre-school age group suggests that this case load will rise further in future years, amongst our own populations, before consideration is given to incoming families in the town expansion.

There is no doubt that a second Peripatetic Teacher is needed soon.

Nursery Schools

There are five nursery schools in the town which cater for 260 children. The close liaison with the Chief Education Officer and his staff, which has been a feature of this field for many years, has continued, and these schools have been most co-operative in admitting handicapped children on a part-time basis where possible.

School Medical Officers visited all the Nurseries during the year and undertook 313 routine medical inspections and 13 re-examinations.

Immunisation and Vaccination in Schools

Primary immunisation against diphtheria, tetanus and whooping cough is now normally undertaken by the child's general practitioner following the institution of the Computerised Scheme.

This however has not yet been running long enough to affect school entrants.

At School Entry

Those children who may not have been immunised in infancy are offered a course either through their general practitioner or by arrangement at school or clinic.

Otherwise children are offered a booster dose of combined diphtheria and tetanus vaccine in school soon after entry.

This offer is repeated at 10 years of age (but acceptances at this age are limited).

A total of 1,937 children were immunised in 1969.

Primary Diphtheria/Tetanus	636
Booster Diphtheria/Tetanus	1,238
Primary Tetanus alone	25
Booster Tetanus alone	16
Primary Diphtheria alone	9
Booster Diphtheria alone	13

Poliomyelitis Vaccination

During 1969, 882 children received a primary course of oral vaccine and 1,194 received a booster dose, (given to those who have had a primary course in Infancy).

It is disappointing to see this high figure of children needing primary courses in infant schools, but this is likely to lessen in future years. The reason is that five years ago oral vaccination was just coming into use and parents tended to refuse poliomyelitis protection if it had to be given by injection.

Tuberculosis Vaccination (Using B.C.G.)

The acceptance rate for B.C.G. Vaccination in 1969 for children approaching their 13th birthday was 77% compared with 76% in 1968.

This vaccine is also available to older children if necessary.

B.C.G. Vaccination is preceded by a special skin test. Positive reactors to this test do not require vaccination.

In 1969, 1,630 children were tested and 148 were positive reactors.

As a routine, positive reactors are referred for chest X-ray but all were found to be satisfactory.

1,337 children negative to skin tests were vaccinated. Ten years records of numbers tested and vaccinated are given below.

It will be noted that the percentage of Heaf Test positive reactors is 11.1 this year which compares well with the previous findings. It is important that this percentage be established annually, as a rise would have serious epidemiological implications.

<i>Year</i>	<i>No. vaccinated</i>	<i>Number</i>	<i>Heaf Positive</i>
			<i>Percentage</i>
1960	1,396	243	14.8
1961	1,639	274	14.3
1962	725	65	8.4
1963	1,308	135	9.3
1964	838	104	10.8
1965	1,629	124	7.1
1966	1,660	210	11.2
1967	1,230	134	10.9
1968	1,108	119	10.7
1969	1,337	148	11.1

Employment of Children

Children undertaking part-time employment have to be medically examined in accordance with bye-laws made under the Children and Young Persons Act, 1933 (as amended by Education Act, 1944).

Children of compulsory school age are allowed to undertake early morning work for up to one hour as well as doing work after school hours.

160 children were examined by medical officers during the year to ensure that no child is employed at work that might be prejudicial to his health or interfere with his education.

The number of school children seeking part-time employment during the past ten years is shown by the number of medical examinations carried out as follows:

1960 ..	123	1965 ..	131
1961 ..	157	1966 ..	244
1962 ..	136	1967 ..	125
1963 ..	118	1968 ..	196
1964 ..	126	1969 ..	160

Other Examinations

Medical examinations of the following groups were also carried out by medical officers during the year:

Teachers	16
Training College Candidates	136
Boarded-out Children	31

School Meals Service

The following particulars relate to the number of children in attendance and the number of meals provided:

Total number of meals supplied to pupils and teachers..	..	1,819,731
Total to pupils .. .. .	..	1,645,542
Number of free meals supplied .. .. .	..	151,587*
Number of meals to Nurseries and Special Schools ..	..	63,087
Number of meals to children at the above .. .. .	..	52,416
Number of free meals to children at the above .. .. .	..	3,927*

(*included in total number of meals supplied)

The charge in 1969 was 1s. 6d. per meal

The slight fall in the number of meals at Nurseries and Special Schools is due to the reductions of numbers on the Roll at Fairfields during re-organisations and rebuilding.

Handicapped Pupils

Early ascertainment of handicapped pupils continues to be one of the most important functions of the School Health Service. Handicapped pupils are children having a disability necessitating education by special methods. The following table illustrates the number of handicapped children from the County Borough in special schools during the last decade :

TABLE 10

<i>Year</i>	<i>Blind</i>	<i>Par- tially Sight- ed</i>	<i>Deaf</i>	<i>Par- tially Hear- ing</i>	<i>ESN</i>	<i>Epil- eptic</i>	<i>Malad- justed</i>	<i>PH</i>	<i>Speech</i>	<i>Deli- cate</i>	<i>Total</i>
1960	2	3	6	2	75	2	4	25		79	198
1961	2	4	7	3	71	8	6	24		71	196
1962	3	4	7	3	79	10	7	20		77	210
1963	3	5	4	4	104	8	14	15		72	229
1964	4	2	7	5	107	9	17	60		52	263
1965	2	3	7	5	107	11	18	39		41	233
1966	2	4	9	6	117	9	17	40		40	246
1967	1	4	13	4	145	11	22	43		35	279
1968	1	4	14	5	160	11	23	42	1	32	293
1969	1	4	10	12	155	11	34	45		30	302

Under the Handicapped Pupils and Special Schools Regulations, 1959, and the amending Regulations of 1962, the following ten categories of handicapped pupils are defined.

1. Blind Pupils

"Pupils who have no sight or whose sight is, or is likely to become, so defective that they require education by methods not involving the use of sight".

Number of blind pupils newly assessed as needing special educational treatment	Nil
Number of blind pupils admitted to Special Schools during the year	Nil
Number of blind pupils awaiting admission to residential schools.. .. .	Nil
Total number of blind pupils in Special Schools for the Blind on 31st December, 1969	1

2. Partially Sighted Pupils

"Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development but can be educated by special methods involving the use of sight".

Number of partially sighted pupils newly assessed as needing special educational treatment	4
Number of partially sighted pupils admitted to Special Schools during the year	Nil
Total number of partially sighted pupils in Special Schools for partially sighted children on 31st December, 1969	4
Number of partially sighted pupils attending ordinary schools	1

It is important that the activities of partially sighted pupils should not be unduly restricted as many of these children can lead a fairly normal life and indeed some can attend an ordinary school.

3. Deaf Children

"Pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language".

Number of deaf pupils newly assessed as needing special educational treatment	Nil
Number of deaf pupils admitted to Special Schools during the year	Nil
Total number of pupils in Special Schools for the Deaf on 31st December, 1969	10

Sounds must be heard clearly for proper speech development to occur and since hearing begins almost immediately after birth the early detection of deafness is of essential importance.

The assessment and early diagnosis of possible hearing defects is dealt with in the Section on Audiology.

4. Partially Hearing Pupils

"Pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf children".

Number of partially hearing pupils newly assessed as needing special educational treatment	1
Number of partially hearing pupils admitted to Special Schools during the year	1
Total number of pupils in Special Schools for partially hearing children on 31st December, 1969	12
Number of partially hearing pupils attending normal schools on 31st December, 1969	Nil

Some children suffer from partial hearing so that they hear sounds only at certain intensities and over certain frequency ranges. Here again, it is extremely important that this defect should be detected as early as possible.

A Special Unit for partially hearing children was opened at Vernon Terrace C.P. School in 1967. Four boys and five girls, all with hearing defects, are attending this Unit thus enabling them to remain in the security of their homes and to mix with normal children attending the infant school. Hitherto, all these young children with partial hearing loss had to attend special residential schools in the London or Birmingham areas.

In a number of cases special transport has been arranged to convey these children to and from the Unit.

25 children who use hearing aids are attending normal schools and are supervised by the Peripatetic Teacher of the Deaf.

5. *E.S.N. Pupils*

"Pupils who, by reason of limited ability, or other condition, resulting in educational retardation, require some specialist form of education, wholly or partly in substitution for the education normally given to ordinary children".

Number of E.S.N. children newly assessed as needing special educational treatment	36
Number of E.S.N. children admitted to Northgate Special School during the year	19
Number of E.S.N. children admitted to Special Boarding Schools for E.S.N. children during the year	3
Number of E.S.N. children awaiting admission to residential schools	4

Numerically this is the largest group of handicapped children. It is never very easy to place an E.S.N. child in a residential school, especially if any degree of maladjustment is also present. During the year, 67 school children were educationally assessed and 9 re-assessed by medical officers with the following results:

Found to be suitable for education in ordinary Schools with or without special remedial teaching	36
Action deferred until further assessment within 12 months.. ..	10
Recommended for admission to a day Special School for E.S.N. ..	33
Unsuitable for education within the Local Education Authority system	4
Recommended for residential E.S.N. school	3

6. *Epileptic Pupils*

"Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils".

Number of epileptic pupils newly assessed as needing special educational treatment	3
Number of epileptic pupils admitted to Special Residential Schools during the year	1
Total number of epileptic pupils in Special Residential Schools for epileptic children on 31st December, 1969	2
Number of epileptic children awaiting admission to residential schools	Nil

Frequently epileptic children suffer from the added handicap of education sub-normality and this can make the management very difficult both medically and educationally. This type of child is generally more suitable for a residential special school although this type of provision can be difficult to obtain.

7. *Maladjusted Children*

"Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social and educational readjustment".

Number of maladjusted pupils newly assessed as needing special educational treatment	6
Number of maladjusted pupils admitted to Special Schools for maladjusted children during the year	7
Total number of maladjusted pupils in Special Schools	34
Total number of maladjusted pupils at Holyrood and Rostrevor Hostels	4
Number of maladjusted pupils awaiting admission to residential schools	3

The psychiatrist is primarily involved in the assessment of maladjustment and the Consultant Psychiatrist deals with the subject in the section on Child Guidance Clinic.

8. *Physically Handicapped Pupils*

"Pupils not suffering solely from a defect of sight or hearing who by reason of disease or by crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools".

Number of physically handicapped pupils newly assessed as needing special educational treatment	10
Number of physically handicapped pupils admitted to Special Schools during the year	5
Total number of physically handicapped pupils in Special Residential Schools on 31st December, 1969	8

This handicap covers a wide field of physical disabilities, including such conditions as congenital heart and lung defects, residual paralysis after acute poliomyelitis, progressive muscular atrophy, spina bifida, orthopaedic defects, etc.

9. *Pupils Suffering from Speech Defect*

"Pupils who on account of defect or lack of speech not due to deafness, require special educational treatment".

Number of pupils with speech defect newly assessed as needing special educational treatment	Nil
Total number of pupils with speech defect admitted to Special Schools during the year	Nil
Total number of children with speech defect in Special Schools as at 31st December, 1969	Nil

10. *Delicate Pupils*

"Pupils not falling under any other category who by reason of impaired physical condition need a change of environment, or cannot without risk to their health or education at development be educated under the normal regime of ordinary schools".

Number of delicate pupils newly assessed as needing special educational treatment	.. .. .	10
Number of delicate pupils admitted to Special Open Air Schools during the year	.. .. .	6
Total number of delicate pupils in residential Open Air Schools as at 31st December, 1969	.. .. .	Nil

The majority of children ascertained as delicate are those children who are likely to benefit from a modified school environment and who cannot be included in any of the other nine categories of handicapped children.

Child Guidance Service

I am indebted to the Consultant Child Psychiatrists for the attached version of the work of the Child Guidance Service during 1969.

This report refers to Northampton County Borough and southern area of the County.

Psychologists

Mr. K. Hibbert returned from his year's special training. Mrs. C. Jaafar left to go to Bedford Child Guidance Clinic. The psychologist establishment remains the same but the pressure of work increases in both the School Psychological Service and the Child Guidance Service.

Social Work

Mr. G. Skinner left to take up the post of Organising Secretary for the Northern Area of the National Association for Mental Health on 31st March, 1969. There have been no new appointments and we are, therefore, left with one social worker in the service. This lack of social workers means that much less work can be done with cases in the clinic and also limits the educational work with other people.

Child Therapist

Establishment for a part time Child Therapist has been approved but it has not been possible to appoint one.

The change in the way of working in the clinic, referred to in last year's report, has continued. Even more time is spent in consulting as opposed to specialist work, by members of the staff. But the emphasis on therapeutic work by all clinic staff is still prominent. Both aspects of clinic work are necessary in training. Work in Approved Schools, Children's Homes, and other institutions continues similarly. The aim is to help the staffs of these institutions deal with their own problems rather than "take over" for them.

The role of the clinic as a source of education for others, both professional and non-professional, is a major one. Lectures, seminars and courses of various kinds are carried out both by staff of the Child Guidance Service, and the psychologists, as staff of the School Psychological Service. Groups of Child Care Officers, Probation Officers, Health Visitors and teachers meet in the clinic or in schools etc. Some of the clinic staff continue educational work outside official working hours in conjunction with Leicester University.

Statistics

The number of referrals increased during 1969 but there were fewer staff to deal with them. Because of this, rather fewer cases were seen. Of course, numbers seen may be no indication of what can be done effectively and there comes a point at which an increase in numbers seen decreases the effective therapy being carried out. Shortage of staff makes this critical number much smaller.

The problem of placing children who need to be away from home, remains. This applies to all types of placement. The need for a Children's Unit locally also remains. The Northampton County Borough has started a class for maladjusted pupils as a preliminary to the establishment of a day school for maladjusted but the need for places remains unfulfilled.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
No. of cases referred during year	59	30	89
No. of cases waiting to be seen at clinic on 1.1.69	10	5	15
No. of new cases seen by other clinic staff	30	11	41
No. of cases seen and discharged without treatment	13	8	21
No. of cases not seen	3	7	10
No. of cases waiting to be seen at clinic on 31.12.69	23	9	32
No. of cases under treatment on 1.1.69	47	30	77
No. of cases taken on for treatment during year	30	12	42
No. of cases discharged during year	25	20	45
No. of cases under treatment on 31.12.69	52	22	74

Referred by :

General Practitioners	14	7	21
Parents	6	3	9
Schools	17	5	22
School Health Service	8	3	11
School Psychological Service	3	1	4
School Welfare Officers	—	—	—
Health Visitors	—	—	—
Court	2	—	2
Probation Officers	1	—	1
Children's Officers	1	—	1
Hospital Consultants	6	10	16
Chief Education Officers	—	—	—
Other	1	1	2

Referred for :

Nervous Disorders	3	5	8
Habit Disorders	7	6	13
Behaviour Disorders	44	17	61
Organic Disorders	—	—	—
Psychotic Behaviour	1	—	1
Educational and Vocational Difficulties	4	1	5
Unclassified	—	1	1

No. of children discharged from Holyrood Hostel during year	..	..	4
No. of children admitted to Holyrood Hostel .. .. .	..	..	3
No. of children removed against advice .. .. .	..	..	—
No. of children discharged from Rostrevor Hostel during year..	..	..	1
No. of children admitted to Rostrevor Hostel .. .. .	..	..	—
No. of children removed against advice .. .. .	..	..	—
No. of children in Residential Schools for Maladjusted Children	..	..	18

REPORT ON THE DENTAL SERVICES 1969

P. W. J. L. Thompson, L.D.S., R.C.S.

Principal School Dental Officer

Early in the year we had a routine visit from a Dental Officer to the departments of Education and Science and Health and Social Security. His report naturally referred to our returns for the year 1968, but some of his recommendations can be alluded to here.

Firstly, the recall system was allowed to run down by not adding any new names to the list. When this authority achieves a full dental staff the experience of a recall system will be useful as it brings many advantages. However, the importance of carrying out dental inspections at schools is realised in that it is a regular reminder to pupils to have any defect in their teeth remedied.

Secondly, the telephone arrangements for the dental clinic have become more realistic by a separate line to the dental department.

The statistics for the year show a reduction from 1968, but this has to be considered in the light of the fact that the Principal School Dental Officer was on sick leave for the last few months of the year so that one third of his annual output in dental work was lost. It is to the credit of the whole-time and part-time dental officers that the dental service was able to continue albeit on a reduced scale. Fortunately, as the long awaited new clinic with dental accommodation is nearing completion in Welford Road, additional dental staff will be appointed to this clinic thus easing the pressure on King Street.

Apart from the developments at Welford Road, plans are being made to deal with the demands of an expanded Northampton on an integrated health service in which the school dental service will have an important part to play with its strong association with education authorities and the special experience of the staff in the treatment of dental defects in children.

Dental Inspection and Treatment

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
ATTENDANCES AND TREATMENT				
First visit	889	665	83	1,637
Subsequent visits	1,274	1,536	194	3,004
Total visits	2,163	2,201	277	4,641
Additional courses of treatment commenced	166	127	8	301
Fillings in permanent teeth	769	1,771	253	1,587
Fillings in deciduous teeth	1,185	65	—	1,250
Permanent teeth filled	659	1,607	234	2,500
Deciduous teeth filled	1,104	65	—	1,169
Permanent teeth extracted	46	276	46	368
Deciduous teeth extracted	943	283	—	1,226
General anaesthetics	370	136	12	518
Emergencies	297	226	24	547
Number of pupils X-rayed			159	
Prophylaxis			204	
Teeth otherwise conserved			922	
Number of teeth root filled			7	
Inlays			3	
Crowns			9	
Courses of treatment completed			1,842	
ORTHODONTICS				
Cases remaining from previous year			68	
New cases commenced during year			45	
Cases completed during year			11	
Cases discontinued during year			3	
Number of removable appliances fitted			47	
Number of fixed appliances fitted			2	
Pupils referred to Hospital Consultant			41	
PROSTHETICS	<i>5 to 9</i>	<i>10 to 14</i>	<i>15 and over</i>	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	1	3	3	7
Number of dentures supplied	1	6	4	11
ANAESTHETICS				
General anaesthetics administered by Dental Officers			Nil	
INSPECTIONS				
(a) First inspection at school— Number of pupils			3,171	
(b) First inspection at clinic— Number of pupils			1,219	
Number of (a) + (b) found to require treatment			2,592	
Number of (a) + (b) offered treatment			2,534	
(c) Pupils re-inspected at school or clinic			535	
Number of (c) found to require treatment			388	
SESSIONS				
Sessions devoted to treatment			788	
Sessions devoted to inspection			42	
Sessions devoted to Dental Health Education			9	

MEDICAL INSPECTION RETURNS, 1969

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Nursery and Special Schools)

TABLE 11
Periodic Medical Inspections

Age groups inspected (By year of Birth)	No. of pupils who have received a full Medical examina- tion	Physical Condition of Pupils Inspected		No. of pupils found not to warrant a medical examina- tion	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For de- fective vision (exclud- ing squint)	For any other condi- tion re- corded at Part 2	Total individual pupils
		No.	No.		(6)	(7)	(8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later	260	260	—	—	—	7	7
1963	218	218	—	—	1	5	5
1962	445	445	—	—	8	16	23
1961	116	116	—	—	3	2	4
1960	133	133	—	674	4	2	6
1959	357	357	—	650	8	20	25
1958	199	199	—	235	6	7	12
1957	95	95	—	81	3	5	8
1956	39	39	—	32	3	4	7
1955	42	42	—	—	1	2	3
1954	559	559	—	—	21	18	35
1954 and earlier	441	441	—	—	14	9	19
Totals	2'904	2,904	—	1,672	72	97	154

TABLE 12
Other Inspections

Number of Special Inspections	..	..	..	..	..	..	194
Number of Re-inspections	..	..	..	..	..	..	1,435
Total	..	..	..	..	..	..	1,629

TABLE 13
Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	22,387
(b) Total number of <i>individual</i> pupils found to be infested	207
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	207
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE 14
Defects Found by Periodic and Special Medical Inspections During the Year

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		Requiring Treat.	Requiring Observ.	Requiring Treat.	Requiring Observ.	Requiring Treat.	Requiring Observ.	Requiring Treat.	Requiring Observ.
4	Skin	2	29	—	48	1	43	3	120
5	Eyes— <i>a.</i> Vision ..	23	104	32	65	25	79	80	248
	<i>b.</i> Squint ..	9	22	1	11	6	19	16	52
	<i>c.</i> Other ..	1	6	1	11	1	13	3	30
6	Ears— <i>a.</i> Hearing ..	10	99	5	13	4	38	19	150
	<i>b.</i> Otitis Media ..	1	15	1	10	—	12	2	37
	<i>c.</i> Other ..	1	12	1	44	2	13	4	69
7	Nose and Throat ..	11	95	3	42	1	63	15	200
8	Speech	3	59	—	—	—	31	3	90
9	Lymphatic Glands ..	2	20	—	2	—	8	2	30
10	Heart	4	26	4	36	—	25	8	87
11	Lungs	1	25	—	8	—	26	1	59
12	Developmental—								
	<i>a.</i> Hernia ..	—	7	—	—	—	1	—	8
	<i>b.</i> Other ..	4	53	2	62	3	46	9	161
13	Orthopædic—								
	<i>a.</i> Posture ..	—	7	1	3	8	8	9	18
	<i>b.</i> Feet ..	3	17	—	7	6	10	9	34
	<i>c.</i> Other ..	1	32	—	21	1	32	2	85
14	Nervous System—								
	<i>a.</i> Epilepsy ..	—	5	—	2	—	20	—	27
	<i>b.</i> Other ..	—	21	—	5	—	22	—	48
15	Psychological—								
	<i>a.</i> Development ..	9	134	—	6	—	83	9	223
	<i>b.</i> Stability ..	6	152	—	18	6	111	12	281
16	Abdomen	1	3	1	4	1	8	3	15
17	Other.. .. .	—	—	1	17	—	6	1	23

*Treatment of Pupils Attending Maintained
Primary and Secondary Schools
(Including Nursery and Special Schools)*

TABLE 15
Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	3
Errors of refraction (including squint)	619
Total	622
Number of pupils for whom spectacles were prescribed	234

TABLE 16
Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	212
(c) for other nose and throat conditions	—
Received other forms of treatment	—
Total	212
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1969	13
(b) in previous years	35

TABLE 17
Orthopaedic and Postural Defects

	<i>Number of cases known to have been treated</i>
(a) Pupils treated et clinics or out-patients departments	184
(b) Pupils treated et school for postural defects	20
Total	204

TABLE 18
Diseases of the Skin
(excluding Uncleanliness for which see Table 13 on page 68)

	<i>Number of cases known to have been treated</i>
Ringworm: (i) Scalp	4
(ii) Body	—
Scabies	33
Impetigo	13
Other skin diseases	78
Total	128

TABLE 19
Child Guidance Treatment

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	82

TABLE 20
Speech Therapy

	<i>Number of cases known to have been treated</i>
Pupils treated by Speech Therapists	93

TABLE 21
Other Treatment Given

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	216
(b) Pupils who received convalescent treatment under School Health Service arrangements	1
(c) Pupils who received B.C.G. vaccination	1,337
Total	1,554

SOCIAL SERVICES

SOCIAL SERVICES

Ian B. Jolley, Chief Social Services Officer

The traditional development of the social services received additional stimulus from the publication in 1968 of the report of the Committee on Local Authority and Allied Personal Social Services. A critical re-appraisal of the present services was undertaken during the year and plans made for extensions of the services in the future.

It has been possible to extend certain services despite the economic situation, by redeployment of staff and by constantly reviewing the work undertaken by the social workers. Efforts have been made to forge new links with medical and other agencies and to strengthen those which already exist.

Staff Development and Training

One mental welfare officer and two social workers attended the "in-service" day release training course organised in conjunction with the Northampton College of Technology. One mental welfare officer commenced a full-time two year course in September.

One social worker returned in July from the two year full-time course having obtained the General Certificate of Social Work.

Meetings organised by the Department and other agencies dealing with a wide range of study work were attended by the social work staff.

Superintendents of the residential homes and staffs of the Centres and hostel met regularly to discuss numerous topics of interest.

Residential Accommodation for the Elderly

(Provided by the Council)

The first residents were admitted to Lakeview House on 14th November, 1969 and the 48 places provided there increased the number provided by the local authority to 275. The higher ratio of staff to residents in this new home compared with the other residential establishments enabled a relatively large number of places to be allocated to infirm patients from the geriatric and psychiatric hospitals.

Owing to the increased accommodation available it was possible to allocate at least one place in each of the Council's homes for short term or periodic care. Applicants were admitted for short periods usually of two weeks to enable relatives who care for them to take a rest or holiday. In some cases great benefit was derived from arranging admissions for three or four weeks several times during the year, the applicants returning to their own homes during the intervening periods. During 1969 nineteen people were provided with short-term care.

Some elderly persons who live alone or whose relatives are away from home all day were admitted to the Homes for day care. This can be of great benefit—improving social contacts and ensuring that the applicant is provided with good food, warmth and if necessary bathing facilities. Charges for this service are determined by the number of meals provided. Extension of this scheme is largely dependent upon the availability of transport and although some very welcome voluntary help has been given, more is needed to deal with the increasing number of elderly people who can be assisted in this way.

At the end of 1969 there were 148 women and 42 men on the waiting list for residential accommodation compared with 195 men and 68 women at the end of 1968. Whilst this list does not indicate the degree of priority of need the decrease in the number is important and is attributable to the following factors:—

- (1) The opening of Lakeview House;
- (2) The increased provision by the Home Help Service;
- (3) The increased number for whom warden service has been provided;
- (4) The development of social worker supportive services;
- (5) The extensive development of voluntary visiting to the elderly by the Northampton Old Peoples' Voluntary Welfare Committee and other organisations;
- (6) To a lesser extent by additional day centre facilities which have been provided.

In addition to those elderly people admitted for short-term, periodic or day care, 129 were admitted as permanent residents:—

Admissions from St. Edmund's Hospital	..	..	..	..	38
Admissions from Middlesex House	..	..	..	..	8
Admissions from St. Crispin Hospital	..	..	..	..	11
Admissions from Creaton Hospital	..	..	..	..	—
Admissions from Northampton General Hospital	..	..	..	..	13
Admissions from Own homes	..	..	..	..	59
Total					129

The average age of the residents is 80. During the year Mrs. M. Abbott celebrated her hundredth birthday and in addition to receiving a telegram from Her Majesty the Queen, the Mayor and Mayoress, Alderman and Mrs. J. Poole, called to see and congratulate her.

Trials with frozen foods have taken place during the year in the Homes and with the exception of Kings Heath Home of Rest and Nicholls House all the residential establishments are now able to use prepared deep frozen meals as well as conventional foods.

The Council's grant of 10s. 0d. for each resident at Christmas enabled additional fare to be provided at that time which was greatly appreciated. The standard charge for residential accommodation was increased from £9 5s. 6d. to £10 4s. 2d. on the 1st April, 1969. Any resident unable to pay this charge may apply to be assessed according to their income.

Members of the Health Committee visited the residential establishments on five occasions and the Regional Welfare Officer of the Department of Health and Social Security visited the Priory, Wardington Court and Gladstone Centre during the year.



Lakeview House—Views of Main Entrance and Garden



SCALE IN FEET
 10 0 10 20 30 40 50



GROUND FLOOR

KEY TO ROOMS

- | | |
|-----------------------------|------------------------------|
| 1 Vestibule | 21 Female Staff Toilet |
| 2 Entrance Hall | 22 Heating Chamber |
| 3 Residents' Sitting Room | 23 Male Staff Toilet |
| 4 Residents' Single Bedroom | 24 Dirty Linen |
| 5 Matron's Bedroom | 25 Office & Interview Room |
| 6 Matron's Bathroom | 26 Doctor's Room |
| 7 Matron's Sitting Room | 27 Utility Room |
| 8 Matron's Kitchen | 28 Resident's Double Bedroom |
| 9 Fire Exit | 29 Linen Store |
| 10 Store | 30 Cleaners' Store |
| 11 Residents' Bathroom | 31 Wheelchair Store |
| 12 Female Residents' Toilet | 32 Drying Room |
| 13 Male Residents' Toilet | 33 Lift |
| 14 Sluice | 34 Male Cloakroom |
| 15 Residents' Dining Room | 35 Female Cloakroom |
| 16 Staff Dining Room | |
| 17 Servery | |
| 18 Main Kitchen | |
| 19 Kitchen Stores | |
| 20 Service | |

(on opposite page)

Lakeview House



FIRST FLOOR

KEY TO ROOMS

- 1 Residents' Sitting Room
- 2 Residents' Double Bedroom
- 3 Residents' Single Bedroom
- 4 Staff Bedroom
- 5 Deputy Matron's Bathroom
- 6 Deputy Matron's Bed/Sitting Room
- 7 Deputy Matron's Kitchen
- 8 Fire Escape
- 9 Residents' Bathroom
- 10 Store
- 11 Female Residents' Toilet
- 12 Male Residents' Toilet
- 13 Sluice Room
- 14 Lift
- 15 Sewing Room
- 16 Utility Room
- 17 Linen Store
- 18 Cleaners' Store
- 19 Landing

Lakeview House



Lakeview House—Dining Room



Lakeview House—Resident's Bedroom

Registration of Homes

The following 12 residential establishments within the County Borough provided by voluntary organisations or private persons are registered with the authority. No applications were received for the registration of new homes or for an increase in the number of persons accommodated in any of the homes.

<i>Home</i>	<i>Accommodation</i>
Nazareth House, 116 Harlestone Road	82 old persons, either sex
Oakwood Home, 8 The Drive	14 old persons, either sex
"Roseland", 41 Park Avenue South	12 old persons, either sex
St. Christophers, Abington Park Crescent ..	32 old persons, either sex
St. George's Homestead, 25-26 St. George's Ave.	22 elderly women
"The Briers" 69 Collingwood Road	9 old persons, either sex
"Wardington Court" Home for the Blind, Welford Road	20 disabled and old persons, either sex
Parkway Geriatric Home, 133-135 Birchfield Rd.	15 elderly persons, either sex
"The Ingle", 25 Abington Park Crescent ..	9 elderly persons, either sex
"Springfield, 45 Queen's Park Parade ..	10 persons, either sex
St. John's Convalescent Home, Weston Favell	24 persons, either sex
"Nims Lodge", 38 The Crescent	9 elderly persons either sex

Homes for the Elderly outside Northampton

On 31st December, 1969, the Council had undertaken financial responsibility for the following residents in homes outside the County Borough of Northampton.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
"Wicksted" (Salvation Arm) Stansted Abbots ..	1	—	1
Crossfield House (British Legion)	1	—	1
Marston Court (City of Oxford)	1	—	1
Kirby House (City of Leicester)	—	1	1
Manor House, Thrapston (Northants County Council)	1	—	1
Westlands (Northants County Council)	—	1	1
Evelyn Wright (Northants County Council) ..	1	—	1
The Cedars (Beds County Council)	—	1	1
Russell House (Beds. County Council)	1	—	1
	6	3	9

Warden Supervised Accommodation

Elderly people who need additional support to enable them to continue to live in the community are provided with a Warden Service in the following housing schemes :

"Lakeview"	14 flats and bungalows
"Briar Hill"	15 flats and bungalows
Bunting Road	27 flats
Duston (Eastfield)	22 bungalows
Hopping Hill	13 flats and bungalows

Telephone communication between each resident and the warden ensures that immediate help is available in emergency. The warden unobtrusively assists the elderly people in a variety of ways and is regularly in touch with the social workers concerning help and advice for those in need.

The superintendents at "The Priory" and "Lalgates" provide a neighbourly service to residents in adjacent groups of bungalows. In the case of "The Priory" a call bell system connects the bungalows with the superintendent's office.

In order to enable elderly and handicapped residents in the areas to communicate with doctors and relatives in an emergency, telephones were installed in private homes at Spencer Haven and Dallington Haven, and a private telephone already installed at Cardigan Close was made available.

Physically Handicapped Persons

On the 31st December, 1969, the register of physically handicapped other than deaf, hard of hearing, blind and partially sighted, contained the names of 503 persons compared with 400 in 1968. This increase of over 25% is largely due to increased investigations by the social workers, together with close liaison with the hospital medical social workers.

Increasing awareness of the services available including in particular the facilities provided at Gladstone Centre and the Council's holiday schemes has encouraged many more elderly handicapped people to apply for registration.

The following table gives details of registrations, the figures in brackets being those of the previous year.

TABLE 22

<i>Major Handicaps</i>	<i>Under 16</i>	<i>16-29</i>	<i>30-49</i>	<i>50-64</i>	<i>65 or over</i>	<i>Total</i>
1. Amputation	—	—	6	17	17	40
2. Arthritis or rheumatism	—	1	9	31	91	132
3. Congenital malformations or deformities ..	4	15	14	5	4	42
4. Diseases of the digestive and genito-urinary system, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	1	4	11	27	37	80
5. Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	—	1	6	11	17	35
6. Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	2	7	46	58	44	157
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6 ..	—	—	—	—	1	1
8. Tuberculosis (respiratory)	—	—	—	1	—	1
9. Tuberculosis (non-respiratory)	—	1	1	1	2	5
10. Diseases and injuries not specified above ..	—	1	5	3	1	10
11. Total	7	30	98	154	214	503
	(13)	(26)	(82)	(120)	(159)	(400)

Special Accommodation

During the year the Council accepted financial responsibility for physically handicapped persons, not requiring hospital care who were permanently accommodated in the following special homes:—

			<i>Males</i>	<i>Females</i>	<i>Total</i>
Wardington Court Home for the Blind	..	..	6	5	11
Darsdale Home for the Blind, Raunds	..	..	—	2	2
David Lewis Colony, Manchester	..	..	1	1	2
Chalfont Centre for Epilepsy	..	..	2	1	3
Cheshire Homes	..	..	3	1	4
Coombe Farm (Spastics) Croydon	..	..	1	—	1
Marlborough House Hostel, Bristol	..	..	1	—	1
Douglas Bader Home (City of Leicester)	..	..	1	—	1
Southwood House, Hinwick (Shaftsbury Society)			1	—	1
			<hr/> 16	<hr/> 10	<hr/> 26

The Council also accepted responsibility for the temporary care of physically handicapped persons for periods varying from one to four weeks in the following special homes:—

Ashfield House, Raunds	..	1 woman, 1 week from 12.9.69
Manchester Family Help Unit for Spastics	..	1 man, 26 days from 29.6.69
Spastics Society, Clacton	..	1 man, 15 days from 13.8.69
Cheshire Home for the Disabled.	..	1 woman, 28 days from 30.5.69
Cheshire Home for the Disabled.	..	1 woman, 28 days from 19.5.69
R.N.I.B. Home, Harrogate	..	1 man, 7 days from 24.12.69
W.R.V.S. Home, Chigwell	..	2 men, 14 days from 14.9.69

Gladstone Centre

Social, recreational, occupational and industrial facilities at the Centre were extended during the year and it was necessary to increase the number of staff to assist with the average daily attendance of 54 people. Attendances were directly related to the availability of the special transport. Responsibility for the supervision, maintenance and routing of the two special coaches, both of which are equipped with wheelchair lifts, was transferred to the Ambulance Officer. By re-routing journeys it was possible to increase the number of persons transported to the Centre.

Forty-three of the handicapped people attending the Centre each week were from the County. They attended for 515 sessions.

Morning coffee (5d.) and afternoon tea (2d.) were served to those who wished to avail themselves and an average of 42 luncheons were provided each day for which a charge of 2s. 6d. was made. One hundred and six lunches were prepared at the Centre each week for Luncheon Clubs.

The Centre was used during the daytime by 14 organisations in 1969 compared with five during 1968 and 234 organised evening events were held compared with 77 the previous year.

Educational classes for those attending during the day included two cookery, one flower arranging, one dressmaking and one soft furnishing. Evening classes were held in woodwork and needlework.

Hairdressing was available for both men and women. Anyone who wished to take advantage of the special bathing facilities was assisted by members of the staff.

The Management Committee met on 9 occasions and was responsible for organising a very successful series of events to highlight "Help the Disabled Week".

Holidays for the Physically Handicapped

During 1969 a holiday was arranged at Caister Holiday Camp for a party of 185 handicapped persons, their personal helpers and children. Fifteen voluntary helpers included representatives from the police cadet force and St. John's Ambulance Brigade.

The gratitude of the handicapped persons is extended to these volunteers and to the following individuals and organisations for the loan of equipment and to the Council for its generous financial support which made this event so successful :—

The Officer Commanding Wootton Barracks ;
The St. John's Ambulance Brigade
The Council's Ambulance Officer
The Disabled Drivers' Association
The British Red Cross Society.

Meals for the Elderly and Housebound

The provision of meals to the elderly and physically handicapped housebound was undertaken for the Council on an agency basis by the Womens' Royal Voluntary Service from their kitchen at St. Lucia, Cliftonville.

A charge of 1s. 3d. was made for each meal, the actual cost being 2s. 9d.

Meals were distributed to the housebound on two or at the most three times weekly in the following ways :—

- (1) By voluntary drivers using the two vans owned by the W.R.V.S.
- (2) By voluntary drivers using their own vehicles.
- (3) On two days weekly, the Department's own vehicle was used.

The W.R.V.S. Organiser is concerned at not being able to meet the increased demands for meals and about the shortage of volunteer drivers. Those volunteers who use their own cars are able to claim a mileage allowance but very few take advantage of this.

The growth of the Service is illustrated by the following figures. This has only been achieved by the continued and unstinting work of the W.R.V.S. volunteers.

	<i>Annual Total</i>	<i>Weekly Average</i>
1961	5,147	99
1962	5,554	107
1963	7,000	135
1964	9,270	178
1965	11,990	230
1966	15,489	298
1967	18,178	350
1968	23,958	461
1969	25,419	488

It is significant that although some 488 meals are delivered each week, they are received by only 230 persons.

There is usually a small waiting list for meals from housebound people and it is not only necessary for the total number of meals to be increased to meet the demand but also for meals to be available to those who require them on at least five days each week.

Homeless Families

Families provided with temporary accommodation
at The Mounts

			<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
In residence at 1st January, 1969	..	..	—	2	3	5
Admissions during 1969	..	..	4	9	23	36
Discharges during 1969	..	..	4	8	21	33
Remaining at 31st December, 1969	..	..	—	3	5	8
<i>Discharges</i>						
To Council Housing	..	..	2	4	10	16
To Private Housing	..	..	2	4	11	17
Others	..	..	—	—	—	—
Totals			4	8	21	33

From the above figures it would appear that the problem of homelessness is not great, these figures however do not reflect the potential problem. A large number of families are helped to maintain their own homes or to find alternative accommodation by supportive work. Close co-operation between the Children's Department, Probation Service, Housing Department, the Council of Social Service, Estate Agents, private landlords and the Department's own social workers has been of major importance in this demanding and time consuming work.

Nine families comprising 4 men, 9 women and 23 children were admitted during the year. One family stayed for less than one month, four for less than two months and two for less than three months. Four families were discharged to private housing, two to ordinary council houses and two were granted the tenancy of local substandard houses.

Residence in this type of home can all too easily provide a refuge for the irresponsible, who are prepared to stay indefinitely until alternative accommodation is found for them. The supportive work which is subsequently required for families which are rehoused in supervised housing is extremely demanding but the slightest step towards independence is a source of encouragement and may in time lead to the provision of ordinary housing and a normal life in the community.

Blind and Partially Sighted Persons

Registration

The number of registered blind persons on 31st December, 1969, was 326. During the year under review 34 new cases were registered and there were 4 transfers in. Removals from the register owing to death, persons leaving the area, etc., totalled 32.

Blind Population

The ages of the blind population in the Borough at the end of the year are shown in the following table:

TABLE 23

	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Unknown	Totals
Males	—	—	—	—	5	1	4	4	2	9	11	7	11	37	14	8	3	—	118
Females	—	—	—	—	1	—	—	5	7	9	9	13	8	67	37	31	23	—	210
Totals	—	—	—	—	6	1	4	9	9	18	20	20	19	104	51	39	26	—	326

Register of Partially Sighted Persons

The number of partially sighted persons on the register on 31st December, 1969 was 78. The age classification is as follows:

TABLE 24

	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
Males	—	—	4	—	3	8	11	26
Females	—	—	2	1	5	8	36	52
Totals	—	—	6	1	8	16	47	78

This compares with a total of 69 at the end of 1968.

Observation Register

On 31st December, 1969, there were no cases under observation.

Incidence of Blind and Partially Sighted

The following tables give particulars of 34 blind and 20 partially sighted persons registered during the year.

TABLE 25

Blind—Age at date of registration

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Unknown	Totals
Males	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3	4	1	—	—	10
Females	1	1	1	1	1	1	1	1	1	1	1	1	1	1	12	5	4	—	—	24
Totals	1	1	1	1	1	1	1	1	1	1	1	2	1	1	15	9	5	—	—	34

TABLE 26
Partially Sighted—Age at date of registration

	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
Meles	—	—	2	—	—	2	5	9
Females	—	—	—	—	1	1	9	11
Totals	—	—	2	—	1	3	14	20

Employment

TABLE 27

	Masseurs and Physiotherapist	Musicians (inc. music teachers	Other Professional workers	Telephone Operators	Shop Managers etc.	Machine Tool Operators	Viewers Inspectors and Testers	Basket makers	Piano Tuners	Craftsmen and Production Process Workers	Domestic Workers	Miscellaneous Workers	Totals
In Special Workshops	—	—	—	—	—	—	—	—	—	1	—	18	19
Ordinary Conditions	1	1	1	2	1	3	2	—	3	1	1	—	16
Totals	1	1	1	2	1	3	2	—	3	2	1	18	35

Ophthalmia Neonatorum

No cases of Ophthalmia Neonatorum were reported.

National Library for the Blind

The Council subscribed to membership of the National Library for the Blind on the basis of £3 0s. 0d. for each reader. Eighteen readers were registered compared with 21 the previous year. A wide range of books and periodicals in braille is available.

Talking Book Machines

Talking book machines were provided free of charge to blind people who could benefit from their use. The annual rental of £3 0s. 0d. was met equally by grants from the Northampton and County Association for the Blind and the Authority.

In two cases additional headphones were required and these were supplied at an annual rental of 5s. 0d. each.

The total amount expended in 1969 was £231 10s. 0d. and machines were provided for 79 blind people compared with 72 the previous year.

Socials for the Blind

A handicraft class for the blind and partially sighted continued every Thursday afternoon at Gladstone Centre, attended by 50 blind people and their guides. Voluntary helpers prepared teas and the Women's Royal Voluntary Service provided regular transport for 25 people.

In September an outing was arranged at Blakesley Farm near Leicester and 32 people took part.

The annual Christmas Party, attended by over 50 blind or partially sighted people, was made possible by grants from the Council and the Blind Association and by the generous help given by the voluntary car drivers and the ladies who prepared the excellent refreshments.

During the year 55 blind or partially sighted people enjoyed a week's holiday at the Collingwood Hotel, Great Yarmouth. In addition, thirteen blind people accompanied the group of physically handicapped to Caister Holiday Camp.

Southern Regional Association for the Blind

The Council's contribution for the financial year 1968/69, towards the administration of the Southern Regional Association for the Blind amounted to £70 14s. 8d.

From the end of 1969 the Association will cease to be responsible for the collation of statistical information relating to blind and partially sighted people for the Department of Health and Social Security and returns in future will be made direct to the Department.

The Association will, however, continue to play an increasing role in the specialist training of social workers concerned with blind welfare in addition to expanding their advisory and consultative service.

Voluntary Organisations

The Northampton and County Association for the Blind has generously assisted many deserving cases during the year in addition to meeting half the deficit incurred in providing the annual holiday. Voluntary assistance has been a most valuable form of help to many blind and partially sighted people.

Welfare of the Deaf

Persons on the register of the Deaf are placed in one of the three following groups:—

- (1) Deaf without speech (those who have no useful hearing and whose normal method of communication is by sounds, finger spelling or writing).
- (2) Deaf with speech (those who, even with a hearing aid, have little or no useful hearing but whose normal method of communication is by speech, listening and lip reading).
- (3) Hard of hearing (those who, with or without hearing aids have some useful hearing and whose normal method of communication is by speech, listening and lip reading).

			<i>Males</i>	<i>Females</i>	<i>Totals</i>
Deaf without speech	..	..	14	11	25
Deaf with speech	..	..	6	14	20
Hard of Hearing	..	..	9	7	16
			—	—	—
Totals	..	..	29	32	61
			—	—	—

The Northampton and Rutland Mission continued to act as agents of the Authority in promoting the welfare of the deaf and hard of hearing. The Reverend Kenneth Earle, Chaplain Secretary of the Mission has kindly submitted the following report on the work carried out during the year.

"Regular church services in the language of the Deaf and Dumb have been held each Sunday throughout the year, and also on week days in Lent and Holy week, in the Mission's own chapel at Northampton. As the Mission at Northampton is just part of a two County-area, these Church services have to be taken in a rota with various other towns in Northamptonshire and Rutland; but the "Town" share in this rota has been two Holy Communion Services on Sunday mornings and an evening service every Sunday evening of each month.

Regular Social Clubs have been held each Saturday, whist drives each Monday, Darby and Joan Clubs two afternoons a month and a Blind/Deaf Club on one afternoon a month.

There have been various outings to the sea, parties, etc. Our members are not young enough to have a good football team; but we were runners-up in the Midland Cricket League. There have been various "Home" and "Away" matches for indoor games, Darts, Billiards, Table Tennis, Skittles, etc.

A large number of the deaf arrive at Clubs and Church Services and it is unnecessary to visit them in their homes; but the sick, the aged and the very maimed—the Deaf/Blind etc. are visited in their homes often once each week, and more often if necessary.

Hospitals, doctors, etc., have been visited with the deaf when necessary, we interpreting to and from the doctor and patient.

Individual Lipreading classes have been held throughout the year".

Sheltered Workshop

The Planning Committee continued to meet and discuss with representatives of the Department of Employment and Productivity and members of the staff of the Borough Architect a suitable site for the establishment of a purpose built sheltered workshop for 40 sighted disabled people.

It is proposed to open a temporary workshop for 15 disabled people early in the new year. This will be established in the premises at present used as the Junior Training Centre at Chapel Place.

Persons in need of Care and Attention

No action was taken under the National Assistance Act for the removal of a person in need of care and attention.

Burial of the Dead

It was not necessary for the Authority to undertake any arrangements for burials during the year in accordance with Section 50 of the National Assistance Act.

Temporary Protection of Property

Several cases were dealt with throughout the year where it appeared that there was danger of loss or damage to moveable property of persons in hospital or welfare accommodation.

Epileptics

There were 23 persons shown in the following table known to the authority at 31st December, 1969:—

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
In Colonies specially provided for Epileptics	3	2	5
In residential accommodation	—	1	1
School children	5	7	12
On the register of handicapped persons and living at home	5	—	5
	—	—	—
Totals	13	10	23
	—	—	—

Car Badges for Disabled Persons

During the year 30 yellow car badges were issued, making a total of 127 since the scheme commenced. These are used as a means of identification in order that those concerned with the control of traffic and enforcement of parking regulations may whenever conditions permit, exercise discretion to the benefit of the physically handicapped. The badges also enable holders to use the Councils official car parks free of charge.

MENTAL HEALTH SERVICE

During the 10 years since the passing of the Mental Health Act in 1959 great changes have taken place and fresh opportunities have been provided by the proposals for town expansion. The community has become more concerned with psychological aspects of help and this has led to various groups of people giving much time and thought to both current and future mental health needs, e.g. attempts to plan and promote a satisfactory community life in the proposed expansion areas of the town.

Mental Illness

It has hitherto been traditional to regard the term mental illness as a description of serious disturbance requiring the help of a psychiatric hospital. Modern views are more subtle and these recognise that mild forms of mental illness are not an uncommon occurrence. In such cases support may be provided by those who work or live close at hand, in addition various levels of professional and voluntary help are given. In this work home helps, domiciliary nurses, health visitors, social workers and general practitioners all contribute.

Mental illness frequently presents in indirect ways, e.g. drug addiction, alcoholism and some cases of prolonged unemployment or crime. Help for these groups is time consuming and attempts are made in various ways to extend this help. In community mental health work there is evidence that social work of all kinds can be of assistance.

Moderate and severe mental illness usually requires specialised help. In Northampton team work has become a feature of the services provided for the mentally ill, this involves general practitioners, psychiatrists and the joint mental health social work team. The technical aspects of the Joint Social Work Scheme are shown as having four main components:—

- (1) Concern for those in the community and referrals are made from a variety of sources, e.g. other social work agencies, general practitioners and direct approach by members of the public.

- (2) Team work with psychiatrists and general practitioners at the patient's home, at out-patient clinic and in the psychiatric hospital.
- (3) The social needs of patients in hospital are the responsibility of the mental welfare officers who work in association with one of the three clinical teams at St. Crispin Hospital. These links with hospital patients and staff facilitate the return of the patient to the community.
- (4) Patients who have returned to the community are the responsibility of the mental health social workers until all appears well. In some cases long term support is required, in others only a short period of oversight is needed. The No. 8 (Psychiatric) Social Club which became the responsibility of the Department during the year, met weekly and played an important role in the rehabilitation programme.

Misuse of Drugs

Numerous cases of drug dependency, mainly "soft drugs," came to light during the year. This is part of a nation-wide phenomenon and Northampton was perhaps affected somewhat more seriously than other comparable towns because of geographical and communication factors.

It was possible to deploy particular members of the staff to enquire into the problem in co-operation with the police. A picture of "peddling and pushing" amongst young people was discovered and developed into a report which was used as a working paper by a Sub-Committee comprising representatives from the interested Social Agencies in the town, including police, probation, psychiatrists and the staff of the Health Department. At meetings of this Sub-Committee there was invariably a conflict of view between those actually involved with the small number of dependent persons seeking treatment, and those who were more concerned about the increasing incidence, who wished to introduce measures to control the "outbreak." This fundamental conflict led in the end to the executive side i.e. police and health department, taking firm action through a "drug squad", to deal with the increasing problem of misuse of drugs.

This problem is one which is not likely to be solved quickly because of the ease with which it can rapidly spread in a susceptible area, only moving to another area when the conditions become adverse for the ready and easy availability of narcotics and soft drugs.

This leaves a number of dependent persons without a regular local source of supply, who along with the pushers are obliged to move elsewhere as control measures become effective. There seems little doubt that the first cases detected in Northampton came to the town after changes in the law and the consequent disappearance of their former sources of supply.

The number of new cases of which we had knowledge had not risen greatly by the end of the year and this, coupled with the increasing difficulty nationally in obtaining supplies, may mean that the outbreak in the town has been contained.

Mental Illness 1969

Admissions to Psychiatric Hospitals

				<i>Males</i>	<i>Females</i>	<i>Total</i>
St. Crispin Hospital:	Section 25	..	..	45	69	114
	Section 26	..	..	3	3	6
	Section 29	..	..	19	20	39
St. Andrew's Hospital	Section 25	..	..	4	7	11
	Section 26	..	..	—	—	—
	Section 29	..	..	—	—	—
St. John's Hospital, Stone	..	..	..	1	1	2

COMMUNITY CARE:

Number of first visits by mental welfare officer	..	..	..	816
Number of subsequent visits	..	..	..	2,853
Number of interviews at office, home, etc.	..	..	..	558

*Mental Subnormality 1969**Framework of Community Care*

Early care and support of families with handicapped children is given by the Child Health Service through health visitors working in association with general practitioners. This work is closely linked to that of the mental welfare officers. For those with a severe handicap a plan of action and support is agreed with the parents and other members of the team.

Usually help is offered from the age of 2½ years for one or more days each week at the Special Care Unit. After a period of observation and assessment the child can usually progress from the unit to other forms of care.

The Junior Training Centre has accepted children at five years or a little earlier. The new "Greenfields School" with its two nursery classrooms will be able to take children from three years of age. Observation and regular assessment of children in the Centre is important because their performance frequently improves and may proceed to a level which requires a more formal type of education in an appropriate school.

Support for the family is based on family counselling and this usually includes the need for periods of relief by holidays or care in hospital, for a few weeks. In the case of adults the hostel provides care for emergencies and holidays. The provision of a similar unit for children would be extremely useful.

Public interest in mental subnormality has been aroused in the past year by press and television programmes dealing with the subject of overcrowding in hospitals for subnormal patients.

A number of surveys have shown that up to 50% of patients in subnormality hospitals could live in the community provided suitable hostels, day centres and community services were available.

The building of the Princess Marina Hospital has proceeded during the year but it is unlikely to be commissioned until early in 1970. Senior members of the staff have already been appointed including Dr. H. G. Smyth as Clinical Director.

During 1969 visits were made by the Health Department staff to patients in the subnormality hospitals to gain an up to date impression of their community or hospital needs and discussions took place with the staff at the Princess Marina about suitable candidates for transfer to that hospital when it opens. The Health and Housing Committees have approved the use of normal housing accommodation for suitable cases.

For many years great help has been given by the Pewsey group of hospitals. At very regular intervals, Dr. J. dr Bastarrechea has travelled from Wiltshire to Northampton to see patients in the various units and in their own homes. A system of short-term care and a programme of rota care which he introduced have proved of considerable benefit to relatives. The links with the many hospitals that provide care for the 135 patients from Northampton is being maintained and help from these hospitals, particularly Bradwell Grove and Pewsey, will continue.

Statistics

				Males	Females	Total
In subnormality hospitals	..	..	..	64	66	130
In Homes and Hostels	..	..	..	10	11	21
Attending Training Centres	..	..	..	76	58	134
Under home supervision	..	..	..	109	128	237



Special Care Unit—Help being given by Senior Boys



<i>New cases referred:</i> from Local Education Authority	3	1	4
From other sources	12	9	21
Hospital admissions	5	3	8

Waiting list for Hospital care:

Patients living at home	3	3	6
In St. Crispin Hospital	—	—	34

Special Care Unit

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Children on the register 1st January, 1969 ..	28	15	43
Children admitted during 1969	9	6	15
Children left during 1969	—	2	2
Children transferred to: Bradwell Grove ..	2	—	2
Normal Primary School	1	—	1
Junior Training Centre	2	1	3
Nursery school ..	6	1	7
Children left	1	—	1
Children on the register at 31st December, 1969	25	17	42

Close co-operation with all the medical and social services continues to be a feature of the Unit and regular visitors include the consultant paediatricians, general practitioners, occupational therapists, educational psychologists, speech therapists and health visitors.

Parents were also visited regularly and good relationships have been built up with members of the staff during discussions and mutual counselling about the progress and care of their children. Informal gatherings have proved popular. One of the most successful took the form of an Autumn Fayre at which £90 was raised through the sale of fancy goods supplied by the parents and staff. This enabled each child to be presented with an educational toy by Father Christmas.

A number of gifts of money and equipment were received from various contributors and these were greatly appreciated.

Regular voluntary helpers contribute to the successful functioning of the Unit. Several senior schoolgirls continued to assist regularly with the children and there was an increase in the help received from senior boys who have undertaken most of the toy repairs together with the maintenance of wheelchairs and special beds.

A twelve day period of full time residential care was given to ten children during July and their parents enabled to take a "carefree" holiday.

Junior Training Centre

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Children on the register 1st January, 1969 ..	29	14	43
Children admitted during 1969	8	3	11
Children left during 1969	4	2	6
Children transferred to Cliftonville Centre ..	1	1	2
Children on register 31st December, 1969 ..	32	14	46

Each child attending the Centre was medically assessed during the year. Vision tests and dental inspections were undertaken and when necessary, referrals made to specialists for advice or treatment.

Children aged between 14 and 16 years spent one day each week at Cliftonville Centre in order to prepare them for their eventual transfer.

The weekly visit of a group of 12 children to the swimming baths at the Mounts continued to be very popular.

A party of 24 children and four staff travelled for a week's holiday to Hayes House, Winterton on Sea, a new holiday home belonging to the National Society for Mentally Handicapped Children. Outings were generously provided during the year by the Northampton branch of the N.S.N.H.C. and the Lions Club.

The Christmas Party was again a great success. The children looked forward to and enjoyed a visit from The Worshipful the Mayor and the Mayoress, accompanied by Council members. The Puppet show given by senior school boys was very popular.

Mrs. J. P. Luck, Supervisor of the Junior Training Centre, retired at the end of 1969, after 13 years' service. Her ready and willing co-operation will be greatly missed.

The staff and children of the Junior Centre are eagerly looking forward to their transfer to the new "Greenfields School" which should take place early in the New Year.

Cliftonville Training Centre

<i>Cliftonville Training Centre</i>			<i>From St. Crispin</i>			
	<i>Borough</i>	<i>Cases</i>	<i>Hospital</i>	<i>County</i>	<i>Cases</i>	<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>1 day</i>	<i>Male</i>	<i>Female</i>	
			<i>weekly</i>			
Trainees on register at :						
1st January, 1969 . .	43	41	2	6	11	103
31st December, 1969	46	44	2	4	7	103

In September, six county trainees were transferred from Cliftonville to a new Training Centre opened by the County Health Department.

Every week assessment sessions were held with a view to encouraging progress according to the capacity of the individual trainee.

Work activities were consolidated and a catalogue of finished products published. The carpentry section produced stands, ornamental concrete work and garden furniture for the exhibition held in the Guildhall.

The laundry continued to serve the Old People's Homes, St. Lucia Hostel, the Special Care Unit and the Estates and Transport Departments. The laundry service for incontinent patients was used by an average of eight patients each week. Extension of this service was restricted by lack of transport.

Each trainee received payments ranging from 10s. 0d. to £2 each week depending on appearance, behaviour, effort and initiative.

Meetings of organisers from three other Centres, a hospital workshop and a borstal institution were held during the year and have helped to maintain a steady flow of suitable contract work to each Unit.

Sixty one trainees were taken in two groups to Bognor in May and June. Trainees and parents, who were temporarily relieved of their responsibilities, were very appreciative of this holiday.

Over 250 professional people and students visited the Centre and several students were attached on placement whilst studying for the diploma for teachers of the mentally handicapped. A number of talks were given by the Manager and his deputy on the work of the Centre and on teaching and training the mentally handicapped.

The monthly socials for trainees and parents continued to be very happy occasions and were well attended. The Valentine Day Social, organised and run by the occupational therapy students of St. Andrew's Hospital was particularly appreciated. Students from St. Andrew's Hospital Occupational Therapy School as part of their training scheme continued to assist in taking physical education classes for the trainees twice weekly.

A voluntary project was initiated by parents, friends and staff of the Centre to raise money to purchase a coach for the use of the trainees.

Swimming sessions at the Barry Road school baths were started for the trainees in September. An unexpected response of over thirty wishing to avail themselves of this facility made it necessary to have two groups attending the baths on alternate weeks.

A magazine entitled "The Cliftonville Times" was published quarterly during the year with a view to promoting interest in mental subnormality and mental health. Two members of the staff produce and edit this publication.

The Christmas activities were most successful and an excellent dinner was served by the kitchen staff.

The annual, and now traditional, Carol Service was conducted by the Reverend Richard Garrard, and on this occasion the hall was packed with relatives and friends. The trainees acquitted themselves well in tableaux and readings. At the close of the service there was a display of over 40 Christmas cakes made by the trainees.

At the trainees' Christmas party, entertainment was provided by our recently appointed caretaker and his friends.

Evening classes in reading, writing, sewing, embroidery, leather-craft and art, continued to be well supported.

Four trainees were placed in outside full-time or part-time employment.

A trust fund was bestowed on the Centre by the father of one of the Occupational Therapy students who lost her life in tragic circumstances shortly after she had undertaken her placement training.

St. Lucia' Hostel

Residents on 1st January, 1969	..	..	..	..	..	15
Residents on 31st December, 1969	..	..	..	..	..	16

All the accommodation was fully occupied throughout the year. One resident was placed in approved "digs" and one patient admitted from hospital. A total of 33 weeks short-term/emergency care was provided for eight persons during the year.

No increase occurred in the number of residents following normal employment. Two persons who were placed in outside industry on trial were unable to retain their positions. Other residents continued daily attendance at Cliftonville Training Centre or at the Industrial Therapy Unit, St. Crispin Hospital.

The men spent a week's holiday at Bognor Regis at the end of May and the ladies went to Lowestoft early in June. Outings included visits to Drayton Manor Park and the Coventry pantomime. Social functions and attractions arranged for the benefit of the mentally handicapped members of the local community were well supported and much appreciated by the residents. The "Lions" Club of Northampton established contact with the Hostel towards the end of the year with a view to assisting with the leisure activities of the residents.

The Hostel was the venue for a series of afternoon lectures of special interest and benefit to retired persons, arranged by the W.E.A., Eastern District.

There were no cases of serious illness during the year, and the general health of the residents remained good.

HOME HELP SERVICE

General Organisation

The demand for the service continued to rise steadily. Between January and December 380 new applications were received and investigated. In addition to direct applications from clients, referrals were made by nursing staff, social workers, general practitioners, relatives and neighbours. After investigation help was refused by the person, or not required, in 143 of the new cases visited. Help was provided to 237 new applicants.

As a result of the Organiser's visits applicants were found to be in need of a wide variety of help in addition to domestic help and referrals were made to other agencies both statutory and voluntary.

Development of the Service

The following figures indicate the growing demands on the service.

		Cases Helped					Total
		Acute Sick	Chronic Sick	Aged	T.B.	Maternity	
1969	..	55	231	426	1	44	786
1968	..	58	237	360	1	33	722
1967	..	55	247	319	1	53	708
1966	..	57	232	286	1	60	668
1965	..	56	217	242	1	64	607

The highest proportional increase was in maternity cases and in the 12 months under review 44 cases were assisted compared with 33 in 1968. These cases consisted of 27 in which babies were born at home and 17 where the confinement took place in hospital.

It was necessary to clean four insanitary homes belonging to elderly persons. In one case this was undertaken at the request of the hospital social worker in order that the patient could be discharged home. The home helps receive an additional 2s. 0d. an hour for this unattractive and usually very dirty work. In addition disinfection of these homes is undertaken by the Public Health Inspectors.

There can be no doubt of the effectiveness of the service in supporting elderly and handicapped people thus enabling them to continue to live in their own homes. Two elderly ladies both of whom suffer with chronic arthritis live alone. One received 20 hours help and the other 14 hours each week. Each pays the minimum charge of 5s. 0d. Both live in local authority houses and neither has relatives to help. These ladies could not continue to live alone in their present accommodation without a home help but would probably need to be admitted to full-time care in a residential establishment.

Staff Position

Some slight improvement took place in recruiting suitable home helps. During the year 57 helps were engaged and 46 resigned. At the end of December 1969, four full-time and 92 part-time workers were employed.

Training

A two-day training course for home helps was held at Gladstone Centre on the 19th February and again on 5th March, 1969. Speakers and demonstrators provided the home helps who attended with a wide and varied programme. In arranging the programme for each day, the emphasis for instruction, help and guidance is placed on the care and welfare of the patient rather than on general domestic work in the home.

The first in-service training for home helps was introduced in November 1967, and since then 55 home helps have undertaken the course.

ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH

A. Robinson, M.A.P.H.I.
Chief Public Health Inspector

INTRODUCTION

The year has been one of steady progress, the scope and tempo of duties has continued to increase and the number of visits made was again greater than last year. Full details are given in Table 28.

Mr. D. Beaumont joined the Department in March from the Government of Bermuda as a District Public Health Inspector.

Mr. R. Lewis obtained his B.Sc. (Environmental Health) degree, Mr. D. Robinson passed his final Diploma examination and both were appointed District Public Health Inspectors in July.

Mr. J. Bonham took up the appointment of Superintendent Public Health Inspector with the County Borough of Nottingham and Mr. S. Drabble took up the appointment of Public Health Inspector with the Borough Council of Brackley in September.

Mr. R. Coe was appointed Student Public Health Inspector in September.

Mr. R. Cooper and Mr. D. Pell were interviewed in December and will take up their appointments as District Public Health Inspectors early next year.

The Caravan Sites (etc.) Act, 1960

There are five licensed sites in the Borough and although four are satisfactory, proceedings are pending in respect of contraventions of the Act at one site.

Clean Air

Following the adoption of a Clean Air policy for the town a smoke control programme was formulated to cover the existing town and expansion area, phased over a period of fifteen years.

The first two Smoke Control Orders were submitted to the Minister of Housing and Local Government in the latter part of the year, and await confirmation. The area (1,702 acres) covered by these two orders was, in the main, the expansion area brought into the Borough on the 1st April and is largely agricultural land.

One notification of the installation of a new furnace under Section 3 was received. The existing chimney was of sufficient height.

Two applications under Section 6 for approval of chimney heights were received and specified heights approved subject to conditions. In five other cases, although the installations or premises were not subject to the requirements of the Act, our advice was accepted regarding the chimney heights.

Whilst the Clean Air Act, 1968 improved the measure of control over chimney heights in relation to furnaces burning pulverised fuel, solid matter at a rate of 100 lbs. or more per hour, or liquid or gaseous matter at a rate of $1\frac{1}{2}$ million or more B.T.U.s per hour, installations smaller than this do not require approval of the chimney height prior to erection. Approval is required in the case of the erection of a new chimney, or where the combustion space of the furnace is enlarged, or the furnace is replaced by one having a larger combustion space.

In view of the proposed expansion of the town, some concern is felt that in the

areas designated for industrial development, one might find a large number of these smaller installations grouped on one site, individually exempt from control, but collectively producing as much sulphur dioxide as fewer large installations, thus creating a potential hazard to health.

One way of achieving suitable chimney heights to ensure adequate disposal of the products of combustion from these smaller furnaces, would be to amend the relevant Building Regulation to include all buildings.

Emissions of dark smoke were investigated in connection with the furnaces of seven premises. In one instance a permanent remedy was obtained. A large incinerator burning wood waste in fluctuating quantities was removed and the waste disposed of by containerisation. The other six cases were resolved after visits had been made and advice given.

Two smoke nuisances, other than from chimneys were investigated. One arose from the accidental ignition of caulking material in a metal boat being cut up in a breaker's yard, but this was quickly brought under control. The other case occurred when children set fire to 1100 tons of hay and straw.

A complaint of grit from a foundry cupola was investigated and, following the cleansing of the arrestment plant and the renewal of the deflector plate, conditions were greatly improved. A further complaint of soot and grit emission from a large boiler plant was also investigated. It was found that a comparatively small quantity of this material had built up at the base of the chimney stack and when a large package boiler started up, the uptake velocity carried up a quantity of the material for approximately 10 seconds. Nevertheless, this was sufficient to create a nuisance over a large area. A regular weekly clearing of the base of the stack has been instituted to prevent any recurrence.

During the latter part of the year, a start was made on the survey and inspections of all furnaces in the Borough, and a total of 257 premises were inspected, 159 industrial and commercial and 98 owned by the local authority.

A number of local authority furnaces fired by solid fuel were converted to oil firing during the year.

As the Smoke Control programme progresses this will result in a considerable diminution of the atmospheric pollution of the town.

Drainage and Sewerage

Sewage disposal is the responsibility of the Borough Engineer, but existing drains are tested and repaired under the supervision of the Public Health Inspectors.

There are still a few properties on the outskirts of the town not connected to the main sewage system. It is known that there are still many hundreds of houses with non-flush closets in the town.

Sewage Disposal

The arrangements for sewage disposal were reasonably adequate in so far as an effluent to Royal Commission Standard was produced throughout 1969. The works are, however, greatly overloaded, and although designs for extensions are now well advanced and approved in principle by the Ministry of Housing and Local Government, they will not be operational before the end of 1973. A contract for preliminary works to improve operation and sludge disposal is well advanced.

Average daily flow to works 9.60 million gallons
 Average daily flow from full treatment 8.99 million gallons
 Average dry weather flow 8.52 million gallons.

Sewerage

Here again arrangements were reasonably adequate and during the past year only one failure of the old combined sewers in the central area has taken place.

Authority for the Kingsthorpe Hollow Part II scheme has not yet been received, and flooding of storm water continues on occasions on this account.

Factories

Table 29 gives particulars of premises on the register and work carried out under the Factories Act, 1961.

Food and Drugs

There was increased activity in the field of Food and Drugs with the prime purpose of improving standards in all aspects of the food trade. For the first time for many years a stable pattern of routine inspections was established. All premises are inspected at least once per year but individual premises found to be below standard are re-visited at frequent intervals until a proper standard has been reached. Even then, such premises are re-visited more frequently than the average in order to ensure that this standard is maintained.

Education of food handlers is extremely important and during the year this aspect was stressed on each inspection. Some 98 members of the food trade attended our lectures at the College of Technology in addition to those who attended lectures which we gave to outside bodies.

Regular, routine sampling of food and equipment for chemical and bacteriological analysis is very important and 1,145 such samples were taken. The importance of this control is dealt with more fully later.

As far as consumer complaints are concerned there was again an increase (23%) over those received in 1968. This is probably due to an increased awareness by the public rather than a decrease in standards. A particular matter for concern was the number of complaints of "mouldy" bread. Whilst bakery manufacturers insist that they do not adopt a policy of "sale or return", there is ample evidence that this practice is adopted by some van salesmen. If loaves cannot be returned to the bakery any unsold bread taken back by the salesmen from one shop may be passed on to another as fresh bread. Shop keepers should realise that if they carry on with the practice of "sale or return" sooner or later they will receive stale bread from some other shops. If they sell stale bread to a customer as fresh bread an offence has been committed. This highly undesirable practice should be stopped.

A clause was included in the proposed Northampton Corporation Bill relating to the registration of hawkers of food and other premises.

For many years the sale of food from vehicles and receptacles has been very limited in Northampton because:

- (a) the area of the town was stable;
- (b) approximately half of the dwelling houses were built in the last half of the nineteenth century and together with those houses built before 1939, they were adequately provided with local shopping facilities, and
- (c) the only vehicles operating in the town were those from which were sold bread, milk and ice-cream.

In April 1965 the Borough boundary was expanded to include areas formerly administered by two neighbouring Rural District Councils.

It was found that because of the scattered nature of the communities and the distance from shopping facilities, peripatetic food traders were already operating in those areas. Although some were based in the town others were not, but up to that time all had only operated in the areas formerly outside the town boundary.

Mainly since 1960, large housing estates have been built on the periphery of the town. These estates contain only one central shopping area and consequently parts of the estates are a considerable distance from these facilities.

Northampton has been designated a New Town and the population, at present 123,690, is scheduled to increase by some 70,000 within the next 10-15 years. In the expanded areas, centralised shopping facilities are to be provided. The facilities will be mainly in District Centres controlled by the Northampton Development Corporation. It is in the new peripheral estates that the number of peripatetic traders is expected to proliferate.

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 do not adequately deal with the particular problem in Northampton. They require only the name and address of the person carrying on the business and any other name and address where the vehicle is garaged, to be displayed on the vehicle. There are adequate powers under these and other Food Hygiene Regulations to ensure proper control *when the traders are known*.

Sales are conducted at all hours, very often after shops have closed at weekends ; vendors are continually on the move and may be difficult to locate. Unless the vendors are found it is impossible to ensure that not only the vehicles comply with the Regulations, but also that the premises where food is prepared and stored are also satisfactory. The situation is made more difficult because many traders who operate in the town, are not based within it.

This type of trade is increasing in "stable" towns. There is no doubt that there is a demand for this service which will greatly increase in Northampton as expansion proceeds.

The object of seeking registration powers is not merely to compile a list of traders, but to enable the Corporation to find out who are the persons trading in food from places other than fixed premises, and having found them to apply the appropriate Regulations. It is contended that owing to the difficulties associated with expansion, such powers would allow the Corporation to achieve proper hygienic control of these traders, reduce the risk of outbreaks of food-borne infection and a more efficient deployment of inspectorial staff.

Diseases of Animals (Waste Foods) Order, 1957

A total of 23 visits were made to waste food boiling plants, piggeries and poultry houses. It is essential that all waste food is boiled and that untreated food is kept apart from boiled food until it is so treated.

As most of these establishments are operated on a part-time basis, the boiling plants are often dilapidated or antiquated. Because boiling is carried out at irregular times, it is difficult to plan inspection routines to ensure that the provisions of the Order are being complied with. Nevertheless, owners must ensure that the waste food is properly treated and "spot" inspections were carried out for this purpose.

Food Complaints and Contraventions

There was a 23% increase in the number of complaints received compared with 1968 and 116 infringements, 113 resulting from consumer complaints were investigated. Due to the number involved, they are not reported separately, but the main causes of complaint have been similar to previous years. Foreign bodies and "mouldy" products formed almost half of the complaints, but it is interesting to note that the incidence of dirty milk bottles fell.

Each complaint is investigated and all information is treated in the strictest confidence. It is encouraging to note that the public are bringing more complaints to our notice and most food manufacturers take immediate steps to prevent any recurrence.

Once again the absence of proper stock control and inadequate control of stale goods has been a major source of trouble. Next year it is hoped that more time will be available during routine inspections to carry out spot checks on goods on display and in stockrooms.

Seven warning letters were sent and in 10 cases statutory proceedings were instituted which resulted in the defendants being found guilty and substantial fines imposed.

Food Poisoning

In addition to 18 cases of food poisoning and 45 cases of dysentery which were notified during the year, a further 124 investigations were made and this involved some 365 visits.

Food Premises

All food premises in the town were inspected and re-visited as necessary, a total of 2,634 visits being made during the year. Details of food premises subject to the Food Hygiene (General) Regulations, 1960 are given in Table 32.

The general standard of cleanliness has continued to improve, but individual premises were found which needed a determined effort to bring them up to a satisfactory standard. A total of 283 notifications were sent to individual occupiers relating to various contraventions of the Regulations.

There is still a need for a better appreciation of food hygiene practice amongst food handlers and education is the real answer. Every encouragement is given to food handlers to attend the short evening courses which we hold at the College of Technology.

Ice-Cream

148 premises are registered under the Food and Drugs Act, 1955, for the purposes of the sale, manufacture or storage of ice-cream.

Imported Food Inspection

The full effect of the Imported Food Regulations was felt this year. 100 consignments of food were transported directly to Northampton from the ports of entry. All this food had to be examined before release for human consumption. Regular consignments of meat from the Argentine, the Republic of Ireland, New Zealand, Iceland and Denmark arrive each week at wholesale premises in the town for re-distribution.

A photograph of a container vehicle is shown overleaf.

Liquid Egg (Pasteurisation) Regulations, 1963

There are no egg pasteurisation plants in the district.

Market, Stalls and Delivery Vehicles Regulations, 1966

143 inspections were made of food vehicles based in Northampton and random checks were carried out on those based in neighbouring authorities but trading in Northampton. Owing to the fact that Northampton based vehicles often trade outside the town, it was frequently necessary to inspect the vehicles at the depots before or after hours.

Meat Inspection

Two inspectors are employed wholly on duties under the Meat Inspection Regulations. Owing to the hours of slaughtering, it is necessary for inspectors to be on duty before and after office hours, at weekends and Bank Holidays. The extra hours at weekends and Bank Holidays are shared by all inspectors on a rota basis. A statutory duty requires a post mortem inspection on each animal slaughtered in the town and each carcase must be stamped with an official stamp as having been passed

for human consumption. Full details of all diseased or unfit meat found during inspection are recorded and forwarded to the Ministry of Agriculture, Fisheries and Food.

Table 30 gives details of the numbers of animals slaughtered and meat condemned. Details of the diseases and conditions found are not given in table form in this report. Nevertheless, it is interesting to note that the principal causes for condemnation :

- (a) in beef animals were pneumonia, pleurisy, liver fluke and liver abscess,
- (b) in pigs were pneumonia, pleurisy, parasitic livers and avian tuberculosis.

There has been a marked increase in pigs suffering from arthritis and tuberculosis compared with the last few years, and

- (c) in sheep were pneumonia, pleurisy and liver fluke. There was an increase in the incidence of liver fluke but a reduction in echinococci.

The sum of £2,047 was received from the occupiers of the two slaughterhouses in respect of meat inspection charges. A new Ministry of Agriculture research laboratory was opened at Moulton near Northampton during the year. The facilities of the laboratory were very kindly offered to us and proved extremely useful on a number of occasions.

The statutory requirement that carcasses infested with *Cysticercus Bovis* must undergo a fixed period of refrigeration, presents a problem to some neighbouring local authorities without cold store facilities. Many carcasses are therefore sent to Northampton cold stores and at the expiry of the statutory period we have to inspect the carcasses and stamp them as fit for human consumption.

Meat (Sterilisation) Regulations, 1969

These regulations supersede the Meat (Staining and Sterilisation) Regulations, 1960. Under the former regulations, unsound and diseased raw meat was allowed to be sold in pet shops for animal food, provided that it was stained with a harmless vegetable dye. This undesirable practice exposed purchasers of such meat (and their families) to serious risk. Comment has been made in previous reports on this matter and it is gratifying that all unsound meat must now be sterilised before sale. Unfortunately, the regulations do not prohibit the sale of low quality raw meat which is fit for human consumption in such premises. The major difficulty with this practice is the identification of such meat to determine its source and whether or not it is in fact fit for human consumption. In my opinion, if meat is sold as fit for human consumption whether intended for animals or not, account must be taken of the fact that some purchasers may buy it for their own use because of the lower price. Therefore, irrespective of identification, the premises themselves should be of the same high standard as butchers shops to prevent contamination.

This matter is the subject of correspondence with the Department of Health and the Ministry of Agriculture, Fisheries and Food. It is hoped that a positive ruling on the problems involved will soon be determined.

Milk and Dairies

Two dairy premises and 189 milk dealers were on the register at the end of the year.

Sampling of Food and Drugs

Chemical Sampling

324 samples (79 formal, 245 informal) were taken for submission to the Public Analyst under the Food and Drugs Act, 1955. A full range of all foodstuffs is sampled including similar food from different manufacturers and the nature of the samples taken are given in Table 33.

Three samples were adversely reported by the Public Analyst involving icep



Imported Food Container on Transporter

lollies, ginger wine and ground cloves. The label indicated that the ice lolly contained cherry brandy whilst on analysis this was shown to be cherry brandy flavouring only. The manufacturers readily agreed to alter the label and this was done. The bottle of ginger wine was incorrectly labelled in that the contents were not fermented liquor and had a very low alcohol content.

The sample of ground cloves was deficient in volatile oils and all stocks were withdrawn.

Bacteriological Sampling

Milk

289 routine samples of milk were obtained and submitted to the Public Health Laboratory for examination. The majority of samples were taken from the two large dairies in the town, but several samples were taken from vending machines and dispensing machines in shops, cafes and factories.

Each sample was subjected to the Phosphatase, Methylene Blue or Turbidity tests. All except three were found to be satisfactory, but repeat samples were satisfactory.

One application was received from a retailer to sell ultra-heat treated milk. This is milk which has been subjected to extremely high temperatures and which will remain sterile for up to five months if the carton remains unopened.

Fresh Cream and Ice Cream

A total of 134 fresh cream and ice-cream samples were submitted to the Public Health Laboratory for the Methylene Blue test. Although not a statutory test it does give an indication as to the purity of the product.

Of the 20 ice-cream samples submitted, three were not satisfactory, but repeat samples were found to be satisfactory.

Other Foods

During the year 132 routine samples of food were submitted to the Public Health Laboratory for bacteriological examination. Confirmation of the importance of this work occurred when a routine sample of food was shown to be infected with a food poisoning organism (staphylococcus). Further tests at the factory showed that not only some equipment, but also several members of the staff were infected. As a result, the factory ceased production and all infected staff received treatment. After a complete and thorough cleansing and disinfection of the premises and equipment had been carried out, the factory resumed production. The affected staff remained off work until they were well again and regular samples taken since then have been completely satisfactory.

Eight samples of prepared baby food mixture were submitted for bacteriological examination and all were found to be satisfactory.

Utensils and Equipment

183 swabs were taken for examination involving premises, equipment, food containers and food handlers. Apart from the incident referred to above, adverse reports indicated that proper cleansing and sterilising routines were not being carried out. The appropriate advice was given where necessary.

Biological Sampling

No milk samples were taken for the determination of *Brucella abortus*, Tubercle Bacilli or antibiotics.

Slaughter of Animals

The names of 19 slaughtermen were on the register at the end of the year.

Slaughterhouses

Two private slaughterhouses continue to operate within the town, and each slaughterhouse is regularly inspected under the Slaughterhouse Hygiene Regulations and the Slaughter of Animals (Prevention of Cruelty) Regulations. Close co-operation is maintained with the proprietors of the slaughterhouses.

Unsound Food

All food found on inspection to be unfit for human consumption was voluntarily surrendered for satisfactory disposal.

Table 31 refers to the nature and weight of food which was destroyed.

1,900 surrender notes were issued during the year.

Health Education

Every opportunity is taken by inspectors to expound the principles of environmental health. This principle is applied during the course of inspections and as the opportunity arises. The courses on food hygiene which we held at the College of Technology consist of twelve lectures illustrated with films and lead to the examination of the Royal Institute of Public Health and Hygiene. One such course is now included in the curriculum of the spring term for catering students at the College and is held during the day. Two similar courses for food handlers were held in the evening, one during the spring and the other in the winter. In the past the courses have been supported mainly by larger firms, and as the policy of advertising the courses in newspapers did not appear to arouse sufficient interest in the smaller firms, it was decided (for the course held in the latter part of the year) to approach food handlers in the smaller shops and extend a personal invitation to them. As a result more than thirty people attended the course.

Sixty students successfully passed the examination of the Royal Institute of Public Health and Hygiene during the year.

Illustrated talks were given to Nursery Nursing Students at the College and to other local organisations in the town.

We took part in a three day "Welcome to Citizenship" exhibition in the Guildhall in April, when most aspects of our work were shown.

Later in the year a small display unit concerned with food hygiene was prepared and displayed in various parts of the town with the kind co-operation of a local Building Society.

Housing

The most important item of legislation in this sphere to come into force this year was the Housing Act, 1969. This affects the law on many matters which come within the purview of the Department. One of the more radical changes is the payment of market value (with certain exceptions) in respect of owner-occupied houses in Clearance Areas.

Another major change, which will be dealt with in more detail later, is the provision for increased rents in respect of tenanted houses which have been modernised and are in good repair. Such increases together with the larger improvement grants now available should provide landlords of many of the older houses with the necessary incentive to bring them up to standard.

Housing Survey

The structural survey of the town's older houses referred to in last year's report was completed and the results correlated. The findings of the survey did not materialise as early in the year as anticipated owing to clerical staff shortages.

So far as these houses are concerned the final report when published will show clearly which houses are capable of improvement and which houses will have a limited life before clearance action ensues.

The survey showed that much has yet to be accomplished before one can feel that all unfit-substandard houses have been dealt with. It is estimated that approximately 1,700 houses outside the present five year programme fall so short of the Housing Act standards as to warrant their inclusion in further clearance programmes. Moreover, an additional 700 houses, although structurally better, may have to be cleared because of their situation in relation to areas of structurally unsound houses. There are at least 9,000 such houses which have either been improved or are capable of being improved to a standard which will enable them to enjoy an indefinite life.

Clearance Areas

The published programme of proposed housing clearance was met and the following areas represented during the year :

Wellington Street (No. 1)	4 houses
Wellington Street (No. 2)	3 houses
Raglan Street (No. 1)	2 houses
Raglan Street (No. 2)	2 houses
Exeter Road (No. 1)	1 house
Exeter Road (No. 2)	1 house
Portland Street	2 houses
Dover Street	175 houses
Market Street (No. 1)	86 houses
Market Street (No. 2)	3 houses
Market Street (No. 3)	11 houses
Wellingborough Road	2 houses
	<hr/>
TOTAL	292 houses

All the above areas (apart from the Wellington Street properties) together with 117 fit houses and business premises were included in the Exeter Road Compulsory Purchase Order, 1969. This constitutes the largest single Order of this type which has so far been dealt with in a single year.

Public Inquiries were held by the Ministry of Housing and Local Government to consider objections to the following Orders ; on the dates shown in parenthesis :

- (a) Lady's Lane Compulsory Purchase Order (29th April, 1969) ;
- (b) Wellington Street Compulsory Purchase Order (14th October, 1969) ;
- (c) Byfield Road Compulsory Purchase Order (28th October, 1969).

The Minister of Housing and Local Government confirmed the Lady's Lane Compulsory Purchase Order during the year.

Individual Unfit Houses

Despite the progress of clearance, it was still necessary to deal with individual houses from time to time. In all, 25 houses were represented ; all but nine of these were situated inside clearance areas scheduled in the present five year programme.

The following table shows the number of houses represented and the number demolished since 1946.

Clearance 1946-1969

<i>Year</i>	<i>Clearance Areas</i>		<i>Individual Houses</i>	
	<i>No. Represented</i>	<i>No. Demolished</i>	<i>No. Represented</i>	<i>No. Demolished</i>
1946-62	244	107	743	298
1963	203	70	17	11
1964	82	48	15	10
1965	199	25	6	5
1966	442	190	24	10
1967	303	112	13	21
1968	275	218	17	46
1969	292	239	25	59
TOTALS	2,040	1,009	850	460

Demolition of the Devonshire Street Clearance area has almost been completed and demolition of the Arundel Street, Lawrence Street and Princes Street areas is continuing.

Houses in Multiple Occupation

This type of house still poses many problems, particularly when a large number of lettings are involved. During the year, 48 such premises were inspected.

As in the past, minor infringements of the statutory standards were dealt with by informal action and this, in the majority of cases, had the desired result. However, it was necessary in nine cases for statutory notices to be served requiring additional amenities; these have all been complied with.

When overcrowded conditions are found to exist, the sudden abatement of such conditions can cause undue hardship and sometimes exacerbate a situation elsewhere. Unless really serious overcrowding exists, it is our policy to deal with the situation by means of a direction order on the house.

Such an order lays down a reasonable permitted number for the house and makes it an offence for this figure to be exceeded once the number of occupants has been reduced. Direction Orders in respect of five houses in the Borough were made during the year.

In addition to making Direction Orders and serving notices for extra amenities it was necessary in two further cases to apply management orders requiring a proper code of management to be enforced in the houses. Such action is only used when absolutely necessary; one of the houses contained four separate families and as a result of bad landlord/tenant relations was without heating, lighting and cooking facilities. The other house was occupied by a number of single men who almost seemed to prefer a rough and squalid way of life.

Both houses are now vacant and the problems have therefore been resolved.

Housing Repairs

The repair of houses, both when a nuisance exists or when an unfit house is capable at reasonable expense of being rendered fit, continues to form an important part of the work programme.

The provision in the new Act mentioned earlier relating to increased rents in respect of tenanted houses in good repair, have already brought quite a strong

response from landlords. Twenty-three applications were received from owners of houses already modernised and a further four were received from owners who intended to provide the standard amenities of bath, wash-hand basin and sink with hot and cold water and an inside water closet.

In the latter instances a provisional certificate is issued pending satisfactory completion of the work. Although it is early days yet, there is no doubt that the extra work involved must throw a strain on an already heavily loaded programme, particularly in the short term if the pattern of the Rent Acts which introduced Certificates of Disrepair, is repeated.

Noise Abatement

Noise control continued to demand a considerable amount of attention and inspectorial time. It would appear that people are becoming increasingly sensitive and less tolerant of noise.

Complaints were largely directed against factories, particularly those operating at night. All complaints were investigated and in four cases it was considered that the complaints were not justified. In all other instances it was established that a nuisance existed.

Examples of the complaints investigated and dealt with are as follows:

A complaint was received regarding noise from a machine (cleaning castings) and from the moving of boxes during the night. The firm concerned was requested to repair all broken window panes, keep the windows closed and to reduce the movement of boxes to a minimum during the night. These measures reduced the noise nuisance considerably and no further complaints have been received.

Another instance involved a paint spraying factory in a largely residential area which, following a change of ownership, saw a considerable increase in output. A new spraying machine was installed which required a powerful extraction system with the outlet sited, in the first instance just above ground floor roof level. After some experimentation, it was decided to direct the exhaust downwards into the factory yard and to sound proof all ducting situated on the outside of the building. Although the noise was not reduced to its former level it is no longer a nuisance and no further complaints have been received.

Two injection moulder compressors, a large one for operation during the daytime and a smaller one for evening and night work, were the cause of complaints from several householders. Remedial action included the provision of rubber mounts and sound proofing of the building which housed the compressors. Night work also ceased and no further complaints were received.

Other complaints involved a launderette, a cyclone dust extractor and several road drills in use without mufflers.

There is no doubt that this aspect of our duties will increase.

Offensive Trades

At the end of December 1969, there were three names on the list of properties of offensive trades under Section 107, Public Health Act, 1936.

Complaints were received regarding the emission of offensive odours from a firm processing animal by-products. The factory is situated close to the centre of the town and the problem became acute during hot weather. The firm has taken various measures to reduce the nuisance and is at present engaged in installing odour masking equipment. It is probable however, that further remedial measures will be necessary before the problem is resolved.

Offices, Shops and Railway Premises Act, 1963

General Administration

Inspection Procedure

The Department of Employment and Productivity has requested information from each local authority with regard to the inspection arrangements which have been adopted. This is to enable the Department to circulate this information to other local authorities if necessary, without of course mentioning the source.

In Northampton the pattern of inspectorial and administrative procedures is exactly the same as that carried out over the whole of our wide range of duties. Although the Act increased the total activities of the inspectorate, its provisions are entirely commensurate with other duties. This has meant that implementation has been readily absorbed into the existing framework. As no doubt is the case with other authorities, this framework has been evolved by training and the practical experience of public health inspectors.

Practical inspections are closely linked with administrative procedures. Inspection cards for all purposes are standardised to a 8 in. x 5 in. card. Differentiation is made by using cards of a different colour. This size was chosen because it is convenient to carry, is economical to cut from standard board and can be stored in large numbers in a reasonable sized cabinet. Each card is printed with suitable headings and is completed (or variations recorded) on each inspection. The inspection cards are linked with individual premise files in which are kept copies of correspondence. In addition, statistical running records are kept daily with regard to numbers and types of inspections, action taken and other appropriate data. It will be appreciated that quite a number of premises come within the purview of different Acts and Regulations and action is taken accordingly.

As far as the Act is concerned, an initial drive was made to ensure that all employers forwarded the appropriate notification form, duly completed, to us. All these notifications and those which have been received since then have been given a reference number. The reference number, address of the premises and the basic details from the notification form were entered on individual inspection cards. The cards were then filed in the appropriate filing section for first general inspection. Each inspector is responsible for a district of the town and details of inspections must be recorded on the appropriate card "on the spot". After completion, and the necessary follow-up action taken, the cards are returned to the "inspection completed" section of the file. All contraventions must be fully discussed with a senior representative of the firm concerned and then confirmed in writing. The copies of these notifications are placed in the correspondence files.

Due to the number of inspectors involved, a standard form of wording was determined for each particular type of contravention. It is therefore necessary to complete only the individual details of each contravention. In a few cases particular wording must be used. Nevertheless, this practice reduces the amount of inspectors' time in preparing the notification, is an aid to the typist and achieves a degree of standardisation.

Details of inspections and other statistics are recorded daily and as a running record. This ensures that data for quarterly returns and annual reports are available at the end of the appropriate period. In comparison with 1968 the total number of registered premises was 1,553 which was 96 less than last year and a total number of 2,266 visits were made.

Frequency of inspections

As with all new legislation, initial general inspections have taken a considerable time. It is my opinion that full discussion and co-operation at the outset achieved the best results. Although all first inspections have now been completed a pattern of routine inspection of all premises has not yet been achieved. At the present time all

food premises are inspected at least once per year, but certain premises of all categories have been found which require more frequent inspections. These premises receive more constant attention. There will be a further period where the emphasis will be on the re-inspection of all premises to ensure that the notified contraventions have been remedied.

A stable general pattern of routine inspection of the non-food premises, probably at least once every year, will emerge once the principal requirements of the Act have been complied with.

Immediate action is taken on receipt of (a) reports of accidents and (b) reports requiring immediate works to hoists and lifts.

Details of the number of premises where (a) contraventions were found and (b) contraventions were remedied are given in Table 42. It was found that the majority of premises required improvement but a considerable amount of remedial work was carried out.

The conditions found during the inspections followed the same pattern as preceding years and the comments made under the various headings in previous reports are still applicable. It is considered that further comment should be made on the following matters:

Heating and ventilation

A complaint was received that office staff have been overcome by fumes from a gas fired, ducted air, heating system. Investigation revealed that the apparatus had been sited in a small cubical without adequate or properly sited air intake points and the flue was defective. The apparatus was taken out of use at once. The manufacturers and the firm who installed the apparatus were immediately contacted and the defects were remedied within two days.

Hoists and Lifts Regulations, 1968

These have broadened the scope of our duties under the Act. Eight lifts were reported to us as being dangerous to use without immediate repairs and immediate action was taken in each case to ensure that the lifts were not used.

Accidents

Thirty-five accidents were notified during the year. Once again I must emphasise that all accidents are not being reported.

The accident to which I referred in my last report, concerning a man who suffered compound fractures of both legs after being trapped between a moving vehicle and a stationary vehicle, was the subject of proceedings in February this year. The driver of the vehicle was fined £15 with £7 1s. 6d. costs. The most serious accident investigated this year was that of a man who suffered a broken arm whilst operating an unguarded baling press. Proceedings are pending in this case.

Investigation of notified accidents again revealed that the main causes were falls on the same level (usually slippery floors), falls on or from stairs, chairs and ladders, bad handling and lifting of goods and misuse of hand tools and apparatus.

I would stress once more that most of these accidents need never have happened but they will continue unless all concerned appreciate the risks and dangers involved. We have found a reluctance on the part of some employees to use protective clothing provided.

Pest Control

Rodent Control

In the past the prime emphasis in rodent control in Northampton has been on the reduction of the rat population in the sewers and the eradication of rats in individual premises. Each year, all infestations have been recorded on a map and special attention given to the areas of heaviest infestations. As a result a considerable reduction in the rat population has been achieved.

It is well known that rodents migrate towards sources of food and water particularly in the autumn and once they find such a source, they remain near the site. On farm lands they either move to the farm buildings, or to nearby urban areas. Their migration routes are along hedgerows, streams, rivers and railway lines. Once they reach a town, some rats will nest under garden sheds, etc. particularly if some householder nearby puts out food scraps to feed wild birds. Complaints of such surface infestations are reasonably easy to deal with. Other rats gain access to the main sewage system of the town in various ways, through open drains on new estates or where surface water sewers discharge into rivers. In the sewers, rats find most of the conditions they need, there is warmth, food, water and normally very little danger.

The records show exactly this pattern of infestation in Northampton, but it should not be inferred that this is purely one way traffic. Although probably reluctant to leave a good habitat, rats will forage and will pass through and out of urban areas particularly in summer. The stimulus to leave the sewers could be overcrowding or sewer treatments by poisoned bait.

As the initial objective has been achieved it was considered essential that a programme be introduced to seal off the migration routes viz. to carry out Block Control on all open land and at the same time to deal with the remaining rats in the sewers. The ultimate object of such a programme is to make Northampton a "rat free" town.

In considering the feasibility of such a programme it was necessary to assess various factors, namely:

Size of the problem: Northampton has a population of 123,000, some 35,000 separate dwellings and it occupies an area of 11,500 acres. The town is completely circled by open country and within the boundaries are large areas of open land directly connected with the surrounding countryside. The largest of these areas are the river valleys, one running north to south, the other east to west.

Location and number of baiting points: A preliminary assessment from maps showed that the number required was not excessive.

Labour force required: It would be necessary to employ the two rodent operatives on this programme, even with the necessity of carrying out their other treatments, the conclusion was reached that the programme was feasible and should be introduced.

By a fortunate coincidence, a meeting was held in Kettering in April, following representations by the National Farmers' Union, to discuss a rat control campaign for the whole of Northamptonshire.

Over recent years there has been a marked increase in rodent infestation on farms due to various factors, the most important of which were the increase in the amount of cereal crops grown and recent climatic conditions. Bad weather resulted in certain crops not being harvested and consequently, there was a good supply of food left in the fields for the rodents.

It was agreed that a rat control programme be adopted over the whole county. Implementation would be by the farmers themselves laying poison bait in all rat holes not only on their buildings, but also in the fields. In addition permanent baiting points would be laid round the farm buildings and the treatment would commence on the 24th November. Whilst it was appreciated that the county programme was directed at agricultural areas, nevertheless, effective control over such a large urban area as Northampton must add to the effectiveness of the whole programme.

Considerable publicity was given to the campaign and with Mr. H. Beckett, N.F.U., I took part in a discussion on the subject on B.B.C. Radio on the 13th November.

As a result of the co-operation agreed at the meeting, the programme for Northampton was finalised and approved by the appropriate Committee of the Council.

Briefly the programme would be implemented as follows :

(a) *Permanent Baiting Points.*

The principle is to lay poison bait at pre-determined points on a tray with a suitable cover for protection against the weather and to prevent other animals and birds eating the bait. It was proposed to use discarded tin lids as trays and old 5-gallon drums cut through the vertical axis, with entrance holes at each end, as covers. The points would be laid in every hedgerow round the town and wherever a surface water sewer discharged into a river or watercourse.

(b) *Servicing.*

Due to the minimal labour force available, it would be necessary to lay the peripheral points as near to a road as possible, because as roads run outside the boundary at certain points, this principle was adopted. With the co-operation of the adjacent local authorities it was agreed that we would provide the covers, trays and poison bait, but in order to establish the points, assistance would be given both by the Northampton Rural District rodent operative and the Ministry of Agriculture Pest Officers. The periphery would be divided into four sectors, the Ministry would deal with the south west sector, Northampton R.D.C. the south east sector and we would cover the remaining sectors.

(c) *Poison bait.*

It was decided to use whole wheat treated with "drat" which is an anti-coagulant poison. This we would mix ourselves to reduce costs.

(d) *Timing.*

- (1) All the covers, trays and poison bait would be obtained and laying of the peripheral points would commence during the week beginning the 3rd November.
- (2) The "internal" baiting points would be laid and serviced by ourselves in 1970 after the peripheral points had been established and achieved the initial reduction of rats.
- (3) An intensive sewer treatment would be carried out in 1970, and
- (4) This would be followed by "block control" programmes over the whole of the town in progression.

Records: All records would be maintained at this office.

The programme was, in fact, implemented broadly as planned, all the administrative procedures were instituted and all materials obtained.

In order to work closely with the farmers with land on the periphery of the town, before the programme commenced a letter was sent to each of them explaining the purposes of the campaign. This was followed by a personal interview with each farmer with the purpose of obtaining his permission to place the points on his land and to answer any queries. We obtained full co-operation from all the farmers and all points were laid as from the 3rd November.

An initial difficulty was experienced in that the south east sector had to be divided between the Ministry and ourselves due to the fact that the Northampton R.D.C. lost their rodent operative. A further operative was employed and took over the servicing of this sector in December.

A total of 173 points were laid and massive "takes" of poison were recorded in all sectors. It had originally been estimated that within 5-6 weeks "take" patterns would have emerged and the need for weekly servicing reduced progressively as the infestation in the respective areas reduced. Some bait was eaten by mice and although the amount of bait was increased up to 4 lb. per point, there was a high percentage of complete "takes" through the eight weeks period until the end of the year. It was interesting to find that rats had made entrance holes and nests under the covers at a considerable number of the baiting points.

A photograph of a baiting point is shown overleaf and a diagrammatic indication of migration routes and baiting point locations.

The amount of bait eaten is a direct indication of the heavy infestation and together with the other parts of the programme should eventually achieve the desired objective. We have already received reports from the farmers on the periphery that there has been a marked reduction in infestations accompanied by the finding of a considerable number of dead rats.

It is hoped that the county campaign has also been successful not only from the overall effect, but also in its effect on migration towards Northampton.

An extensive sewer treatment was carried out during the year covering all the sewers in the town. Each manhole where "takes" were recorded were revisited until each bait showed "no take". The bait used in this treatment was warfarin and it was interesting to note that more bodies were seen than in past years. It was also interesting to note that areas in the older part of the town which formerly showed the heaviest infestation, were less infested and "no takes" were recorded within three visits. On the other hand other areas previously less infested showed there had been an increase of infestation. Nevertheless, these showed "no takes" also within three visits.

Numerous complaints were received relating to pests other than rodents, such as rabbits, moles and pigeons. There is ample evidence that rabbits are increasing rapidly and could soon become as big a nuisance as they were some years ago. This service is carried out free of charge and is only possible by the willingness of the operator concerned to work at all hours of the day and night.

782 visits were made by the rodent operatives in addition to 1,213 visits by public health inspectors.

Disinfestation Service

All treatments carried out in dwelling houses are free of charge. Treatment of business premises is carried out by contract or in special cases after survey and an estimate of cost has been prepared, as special solutions may have to be purchased or made up to deal with the particular problem.

The work of disinfestation is carried out by the Disinfestation Officer under the supervision of the public health inspectors. Revisits are made to ensure that the treatment has been successful and that no reinfestation has occurred. During the year nine infestations of bed bugs and 27 flea infestations were found and treated. One treatment was carried out to infested clothing. In addition 18 cockroach infestations, mainly confined to hospital kitchens and bakehouses were dealt with, a total of 19 treatments being carried out. A total of 15 infestations of other insects including ants, mites, earwigs and beetles were treated and 174 wasps nests were destroyed.

Two hundred and twenty-two houses were inspected to ensure that the contents were free from vermin prior to the rehousing of the occupier.

Disinfection

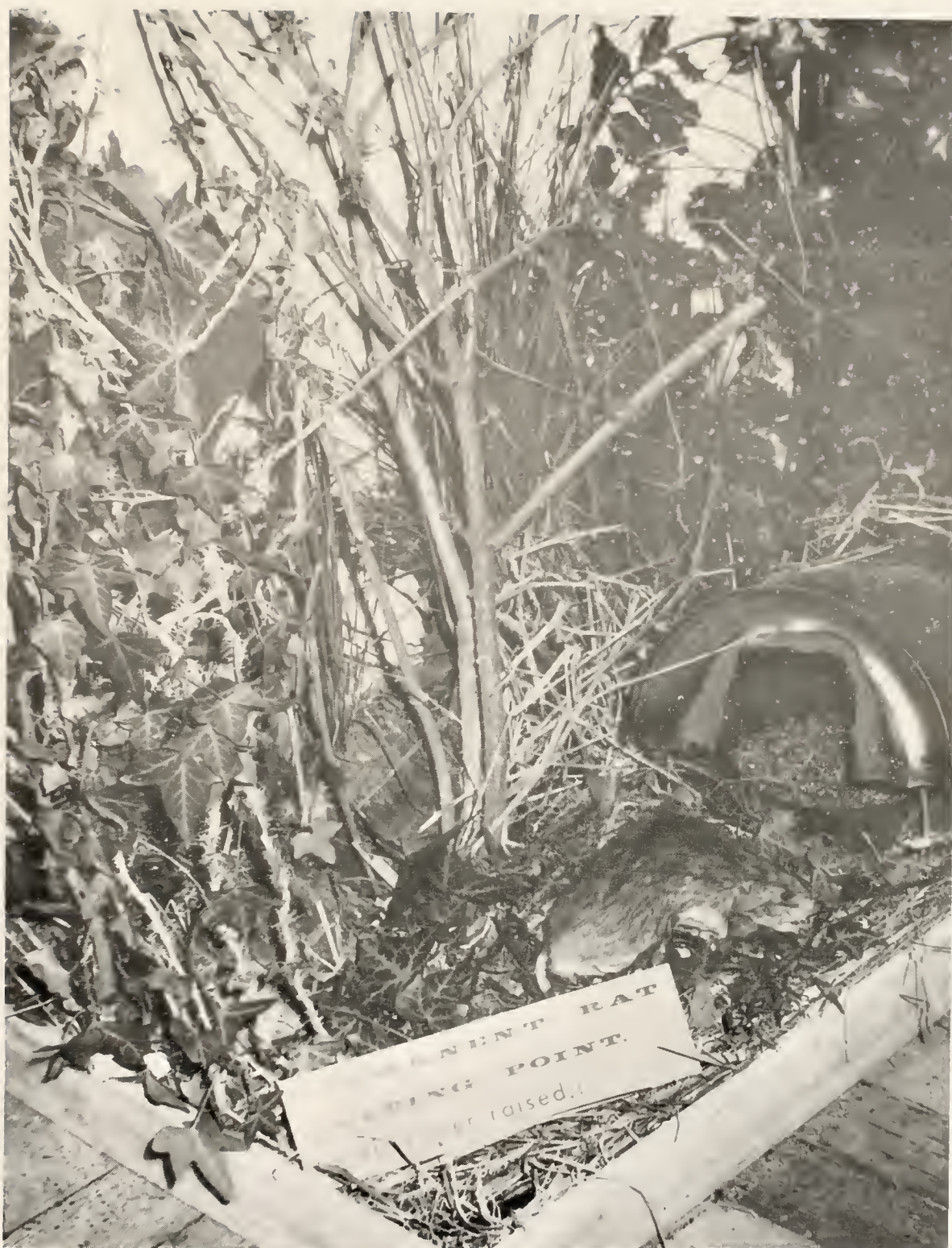
A total of 16 premises and 155 articles of clothing were disinfected following cases of infectious diseases.

Pet animals

At the end of the year 11 shops or stalls were licensed as pet shops. Each licence specifically states the types of animals allowed to be sold and each premise was inspected to ensure that the provisions of the Pet Animals Act, 1951 were complied with.

Rag Flock and other Filling Materials

No rag flock is manufactured in Northampton, but 11 premises where flock is used are registered under the Rag Flock and Other Filling Materials Act, 1951.



Permanent baiting point with cover raised showing poison and rat run



Main rat migration routes into Northampton and periphery permanent baiting points.

Schools

Last year it was found possible to commence regular inspection of school canteens and the sanitary accommodations for staff and pupils. Twenty-three schools not inspected last year were inspected and 38 schools were re-inspected. A total of 109 visits were made and it is considered that a programme of annual inspections can be maintained in the future.

Swimming Baths

Northampton has reasonably adequate swimming facilities, both indoor and open air. The public baths at Upper Mounts is a modern establishment, whilst the open air pool at Midsummer Meadow is a large sheet of water in pleasant surroundings.

There is also an indoor bath at Barry Road School and private open air pools at Weston Favell Secondary School, Duston Eldean Primary School, Booth Primary School and Lyncrest Infants' School. The pool at the Town and County Grammar School for boys, which was previously in the open air, has now been converted to an indoor pool.

Regular testing of the baths for alkalinity and residual chlorine content was carried out, a total of 17 visits being made. Four bacteriological samples were taken and all were found to be satisfactory.

Water Supply

The water undertaking is managed by the Mid-Northamptonshire Water Board of which Northampton County Borough is a constituent Authority. There are now only three known houses in the Borough which are not supplied directly from the public mains.

The water supply to the area has been satisfactory both in quantity and quality.

The following bacteriological examinations were made by the Water Board, all of which proved satisfactory.

(1) Pitsford Raw Water	75
(2) Pitsford Sedimented Water	4
(3) Pitsford Final Water	93
(4) Ravensthorpe & Hollowell Raw Water	1
(5) Ravensthorpe & Hollowell Final Water	89
(6) Great Ouse Water Authority sampled at Hannington Reservoir	39
(7) Samples from distribution system in the County Borough	42

A typical analysis of the Pitsford final water as received in the Northampton area is given in Table 34.

In addition 83 bacteriological samples were taken by ourselves. All mains water supply samples except two were satisfactory, as were the repeat samples of those which were unsatisfactory.

The fluoride content of the various waters supplying the County Borough is as follows :

Pitsford	0.3 p.p.m.
Ravensthorpe	0.15 p.p.m.
Hollowell	0.2 p.p.m.
Great Ouse Water Authority	0.3 p.p.m.

No decision has been made to additionally fluoridate the water supply.

The water is not liable to plumbo-solvent action. There has been no contamination of the supply.

TABLE 28
Summary of Routine Work of the Inspectorate

<i>Nature of Visit, Inspection, etc.</i>	<i>Number of Visits, etc.</i>
<i>General: Public Health</i>	
Caravans, etc.	105
Clean Air	1,027
Drainage	2,136
Factories	120
Health Education	75
Noise Abatement	240
Offensive Trades	56
Offices and Shops	2,262
Pest Control	1,307
Pet Animals	24
Piggeries, Poultry Houses, etc.	23
Accumulations of Refuse, etc.	212
Schools	109
Swimming Baths	17
Miscellaneous Visits	954
Office Interviews	974
<i>Notifiable Diseases:</i>	
Inquiries and Revisits	365
<i>Food and Drugs:</i>	
Bakeries	55
Cafes and Restaurants	323
Canteens	141
Dairies and Milk Distributors	163
Delivery Vehicles and Mobile Shops	143
Food Factories (not registered)	25
Licensed Premises	204
Poultry Packing Stations	—
Registered Premises (Sect. 16)	144
Retail Shops	1,418
Slaughterhouses	157
Stalls	801
Wholesale Food Premises	148
Sampling Visits	1,083
Public Health Laboratory Visits	167
Slaughterhouse Meat Inspection	1,164
Imported Meat Inspection	167
Poultry Inspection	5
Other Foods Inspection	825
Miscellaneous Food Visits	935

Continued on next page

TABLE 29

Administration of the Factories Act, 1961

1—Inspections made by the Public Health Inspectors for purposes of provisions as to health

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	39	13	—	—
(ii) Factories not included above in which Section 7 is enforced by the Local Authority	664	109	10	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	—	—	—	—
TOTALS	703	122	10	—

2—Cases in which defects were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)	—	—	—	—	—
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective ..	8	2	—	3	—
(c) Not separate for sexes ..	2	2	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTALS	10	4	—	3	—

3—Outwork (Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list	Cases of default in sending lists	Prosecutions for failure to supply lists	Instances of work in unwholesome premises	Notices served	Prosecutions
Making, etc., of wearing apparel	33	—	—	—	—	—
TOTALS ..	33	—	—	—	—	—

TABLE 30
Carcases and Offal Inspected and Condemned in Whole or in Part

	<i>Cattle Exclud- ing Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>Totals</i>
Number killed ..	5,150	94	450	15,392	26,414	—	47,500
Number inspected ..	5,150	94	450	15,392	26,414	—	47,500
<i>All diseases except Tuberculosis and Cys- ticeri:</i>							
Whole carcases con- demned	8	4	31	48	58	—	149
Carcases of which some part or organ was condemned ..	2,191	27	46	1,630	7,447	—	11,341
Percentage of the number inspected af- fected with disease other than Tuber- culosis and Cysti- ceri	42·7	32·9	17·1	10·9	28·4	—	24·2
<i>Tuberculosis only:</i>							
Whole carcases con- demned	—	—	—	—	—	—	—
Carcases of which some part or organ was condemned ..	12	4	—	—	578	—	594
Percentage of the number inspected af- fected with Tuber- culosis	0·2	4·2	—	—	2·2	—	1·2
<i>Cysticercosis:</i>							
Carcases of which some part or organ was condemned ..	33	2	—	42	—	—	77
Carcases submitted to treatment by re- frigeration	33	2	—	—	—	—	35
Generalised and totally condemned	—	—	—	—	—	—	—

TABLE 31
Unsound Food Voluntarily Surrendered

<i>Nature of Food</i>	<i>Weight</i>			
	<i>Tons</i>	<i>cwt.</i>	<i>qr.</i>	<i>lb.</i>
Meat at Slaughterhouse :				
Beef, home killed	—	5	—	2
Mutton, home killed	—	3	3	7
Offal, home killed	8	3	2	10
Pork, home killed	1	12	1	18
Veal, home killed	—	6	2	14
Meat at Wholesale premises	1	9	1	11
Meat at Retail shops	1	1	—	6
Cooked meat and meat products	—	4	2	4
Canned meats	1	12	2	19
Fish	—	14	—	19
Fruit and Vegetables	8	4	—	4
Other foods	4	17	—	22
Total	28	14	1	24

1,900 surrender notes were issued in connection with the above food.
28,840 tins, jars and packets of food were included in the total amount destroyed.
There were no seizures.

TABLE 32
Food Hygiene (General) Regulations, 1960
Details of Premises by Main Trade

	<i>Number of Premises</i>	<i>Number of Premises fitted to comply with Reg. 16</i>	<i>Number of Premises to which Reg. 19 applies</i>	<i>Number of Premises fitted to comply with Reg. 19</i>
Food factories	22	22	22	22
Chemists	37	37	36	36
Licensed premises	148	145	142	141
Sweet shops	98	91	79	74
Fish shops	52	48	52	51
Bakers/confectioners	56	53	55	52
Cafes and canteens	122	113	122	120
Butchers	120	116	119	119
Greengrocers/fruiterers	66	61	64	61
Grocers	298	294	296	295
TOTALS	1,019	980	987	371

TABLE 33

Food and Drugs—Samples taken for Analysis, 1969

<i>Nature of Sample</i>	<i>Formal</i>		<i>Informal</i>	
	<i>Total number</i>	<i>No. not genuine</i>	<i>Total number</i>	<i>No. not genuine</i>
Ales	—	—	2	—
Baby Foods	—	—	1	—
Beans (baked)	—	—	1	—
Beverages	—	—	12	—
Bread	—	—	1	—
Butter	—	—	8	—
Caraway Seeds	—	—	1	—
Cereals	—	—	1	—
Cheese (processed)	—	—	5	—
Colourings and flavourings	—	—	6	—
Confectionery	—	—	8	—
Cooking fat, lard, dripping, oil, etc.	—	—	1	—
Cornflour	—	—	1	—
Cream	—	—	7	—
Cream of Tartar	—	—	1	—
Curry Powder	—	—	4	—
Drugs, pastilles, etc.	—	—	17	—
Fish dressings	—	—	2	—
Fish products	—	—	12	—
Flour(s)	—	—	2	—
Fruit (fresh)	—	—	1	—
Fruit (dried)	—	—	1	—
Fruit (juices)	—	—	3	—
Fruit (pies)	—	—	2	—
Fruit (Processed, prepacked)	—	—	7	—
Gelatine	—	—	1	—
Gravy powder, salts, etc.	—	—	2	—
Horseradish	—	—	4	—
Ice-cream, Ice-lollies	—	—	1	1
Jams, preserves	—	—	10	—
Jellies and trifles	—	—	10	—
Margarine	—	—	3	—
Mayonnaise and salad dressings	—	—	3	—
Meat products (open)	—	—	24	—
Meat products (prepacked)	—	—	32	—
Milk, fresh	79	Nil	—	—
condensed	—	—	1	—
evaporated	—	—	3	—
skimmed	—	—	1	—
Mustard	—	—	1	—
Peppers, spices	—	—	7	1
Pie fillings	—	—	1	—
Potato mix	—	—	2	—
Potato chips (canned)	—	—	1	—
Potato crisps	—	—	1	—
Puddings, sweets and desserts	—	—	6	—
Rice (ground)	—	—	1	—
Sauces and pickles	—	—	2	—
Shortpastry mix	—	—	1	—
Soups	—	—	4	—
Tomato puree	—	—	1	—
Sweeteners	—	—	2	—
Sweets, candies, chocolates	—	—	5	—
Vegetables (Prepacked processed)	—	—	3	—
Vinegar (Malt)	—	—	4	—
Wines and spirits	—	—	1	1
TOTALS ..	79	Nil	245	3

TABLE 34

Typical Chemical Analysis
MID-NORTHAMPTONSHIRE WATER BOARD
NORTHAMPTON AND DAVENTRY AREAS
Waters derived from Pitsford Reservoir

Results expressed in Parts per Million (Mg/L)

Turbidity	Nil
Colour	8
Odour	Nil
pH	8.0
Free Carbon Dioxide	2
Electric Conductivity	420
Dissolved Solids (Dried at 180°C)	290
Chlorine (as Chloride)	27
Residual Chlorine	0.8 at sampling
Alkalinity (as Calcium Carbonate)	100
Hardness: Total 160 Carbonate 100 Non-Carbonate 60	
Nitrate Nitrogen 1.2	Nitrite Nitrogen—Absent
Ammoniacal Nitrogen 0.02	Albuminoid Nitrogen 0.20
Oxygen Absorbed 1.2	
Manganese 0.03	Iron, zinc, copper, lead: Absent
Calcium (Ca) 49	Magnesium (Mg) 9
Silica (SiO ₂) 1	Fluorides (F) 0.3

TABLE 35

Prevention of Damage by Pests Act, 1949

	<i>Type of Property</i>	
	<i>Non-Agricultural</i>	<i>Agricultural</i>
Total number of properties (including nearby premises) inspected following notification	762	20
Number infested by (i) Rats	662	17
(ii) Mice	115	—
Total number of properties inspected for rats and/or mice for reasons other than notification	214	257
Number infested by (i) Rats	183	166
(ii) Mice	5	—
Number of re-inspections	1,325	220
Number of visits with Public Health Inspector	89	2

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Prescribed particulars to be included in the annual report to the Minister of Labour by
local authorities and the London County Council under Section 60
Period covered 1st January to 31st December, 1969

TABLE 36
Registrations and General Inspections

<i>Class of Premises</i>	<i>Number of premises registered during the year</i>	<i>Total number of registered premises at end of year</i>	<i>Number of registered premises receiving a general inspection during the year</i>
(1)	(2)	(3)	(4)
Offices	70	549	414
Retail Shops ..	49	784	638
Wholesale shops, Warehouses ..	15	99	110
Catering establishments open to public, Canteens	9	121	176
Fuel Storage depots	—	—	2
TOTALS ..	143	1,553	1,340

TABLE 37
Number of Visits of all kinds by Inspectors to Registered Premises 2,262

TABLE 38
Analysis of Persons employed in Registered Premises by Workplace

<i>Class of Workplace</i>	<i>Number of persons employed</i>
(1)	(2)
Offices	6,036
Retail shops	5,076
Wholesale Departments, warehouses	1,209
Catering establishments open to the public	1,189
Canteens	61
Fuel Storage depots	—
TOTALS ..	13,571

Total Males 5,706

Total Females 7,865

TABLE 39
Exemptions—NIL

TABLE 40
Prosecutions

<i>Sections of Act</i>	<i>No. of Informations laid</i>	<i>No. of Informations leading to conviction</i>
27	1	1

Number of Persons or Companies Prosecuted	1
Number of complaints (or summary applications) made under Section 22	NIL
Number of interim orders granted	NIL

TABLE 41
Inspectors

Number of Inspectors appointed under Section 52 (1) or (5) of the Act	13
Number of other staff employed for most of their time on work in connection with the Act	NIL

TABLE 42
Contraventions, 1969

	<i>Found</i>	<i>Abated</i>
Total number of premises	472	94

Contraventions by Section

<i>Section</i>	<i>Subject</i>	<i>Found</i>	<i>Abated</i>
4	Cleanliness	142	31
5	Overcrowding	17	—
6	Temperature	200	32
7	Ventilation	105	22
8	Lighting	257	38
9	Sanitary Conveniences	216	39
10	Washing facilities	159	28
11	Supply of drinking water	51	4
12	Accommodation for Clothing	21	7
13	Sitting Facilities	2	1
14	Seats for Sedentary Work	2	—
15	Eating Facilities for Shop Premises	2	2
16	Floor, Passages and Stairs	231	36
17	Fencing of Exposed Parts of Machinery	89	10
24	First Aid	244	30
49	Notification of Employment	1	1
50	Information for Employees	266	36

TABLE 43
Reported Accidents

<i>Workplace</i>	<i>No. reported</i>		<i>Total No. investigations</i>	<i>Action recommended</i>			
	<i>Fatal</i>	<i>Non-Fatal</i>		<i>Prose-cution</i>	<i>Formal warning</i>	<i>Informal advice</i>	<i>No action</i>
Offices	—	2	—	—	—	—	2
Retail Shops ..	—	25	9	1	—	1	23
Wholesale Shops, Warehouses ..	—	7	2	—	—	—	7
Catering establishments open to public, Canteens	—	1	—	—	—	—	1
Fuel Storage Depots	—	—	—	—	—	—	—
TOTALS ..	—	35	11	1	—	1	33

Analysis of Reported Accidents

	<i>Offices</i>	<i>Retail Shops</i>	<i>Wholesale Warehouses</i>	<i>Catering establishments open to Public, Canteens</i>	<i>Fuel Storage Depots</i>
Machinery	—	1	1	—	—
Transport	—	—	—	—	—
Falls of Persons	1	8	1	—	—
Stepping on or striking against object or person	1	4	—	1	—
Handling Goods ..	—	9	3	—	—
Struck by falling object	—	—	2	—	—
Fires and explosions ..	—	—	—	—	—
Electricity ..	—	—	—	—	—
Use of hand tools ..	—	2	—	—	—
Not otherwise specified	—	1	—	—	—

INFECTIOUS &
OTHER DISEASES

INFECTIOUS AND OTHER DISEASES

(Dr. R. McKnight—Deputy Medical Officer of Health)

Notification

The regulations for the notification of infectious diseases have remained unchanged throughout the year.

The list of infections to be notified to the Medical Officer of Health are :

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery (amoebic or bacillary)	Tetanus
Food Poisoning	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Measles

There was a rise in the incidence of measles in 1969 to 949 cases, compared with 203 notified in 1968. 340 cases occurred after the statutory age of school entry, 463 cases between the second and fifth birthdays, and 146 cases in the group aged one year and under.

In 1968, 1,445 children who had not had the disease were given vaccine, and thus the great majority of children attending school were protected by immunity, either natural or artificial. The rise to 949 this year brings the number of notifications to a similar order with 1965, 1966 and 1967. This would suggest that the theory that the school children bring the infection home to the little ones in the family is perhaps suspect, and that spread is possibly greatest at the time of increasing socialisation by the pre-school child.

Scarlet Fever

The number of cases notified was 51, which is the usual incidence.

Whooping Cough

The incidence of this disease was again low, falling to 16 cases. This is the lowest figure for many years and would imply great efficiency in the scheme for prophylactic inoculation. Northampton has recorded about 74% acceptance rate for many years.

It is perhaps wise however to sound a note of a caution since this illness is most likely to have serious and sometimes permanent consequences with very young babies when it can occasionally prove fatal. It is necessary to obtain a high proportion of vaccination against this disease if these tragedies, which are largely preventable, are to be prevented.

It is hoped that the computer based scheme for inviting the parents of all eligible infants and children will provide a higher acceptance rate since it also enables defaulters to be followed up regularly.

Paratyphoid Fever

Only one case in a Borough resident was notified during the year, but because Harborough Road Hospital and Northampton General Hospital receive patients from a wide area, we were concerned in assisting with the investigation of other cases resident in Bedford, Bedfordshire and Northamptonshire who had been admitted to these hospitals.

Our own case was that of a young lady who attended a school in the town. She went with other pupils to a seminar in Paris during the Easter vacation as she was studying French for her "A" levels. Following a week as a resident at the Lycée in Paris, she decided not to return to Northampton with the rest of the party but to travel further afield. She "hitch hiked" throughout, and in the course of nine days travelled from Paris via Lyons to the Bouches de Rhone and the national park of the Camargue, then via the Cote D'Azur to Florence where she spent two days in a hostel. She then travelled from Italy through Switzerland and the Ardennes to Amsterdam, at which point she started to feel unwell. She flew home, but because she felt a little better, returned to school next day. On the second day of school she was sent home and for sometime was thought to be in the pre-icteric stage of infective hepatitis, because of the occurrence of this illness in a friend who had also been to Paris, but not on tour.

Her illness was later found to be paratyphoid and she was admitted to Harborough Road Hospital. As she wished to take her 'A' levels, the examinations were by arrangement with her school and the examining board, in hospital. In view of the possibility that her infection might have been contracted in Paris the medical officers of health of her "Lycée" fellow pupils were informed—68 medical officers in respect of girls and 36 in respect of boys. As far as can be ascertained no other cases were detected in this group. Many medical officers of health had tests done on their contacts, all with negative results.

The patient was treated in hospital for 6 weeks and discharged at the end of June, having produced four negative specimens. One further negative specimen was received after hospital discharge. Arrangements were made for her to be examined prior to her taking up her place at University.

This case demonstrates the size of the problem of case investigation in the context of the highly mobile young people today and the desirability of protection before travelling abroad.

Typhoid Fever

In September, it became necessary, for clinical reasons, to transfer an adult male patient (a case of typhoid, notified from another authority), from Harborough Road Hospital to the Northampton General Hospital. The Department was asked to advise on certain aspects of the control of infection, and a memorandum of advice was submitted to the Hospital Control of Infection Committee.

Also in September, an unsuspected case of typhoid was admitted to the Northampton General Hospital. This case was also from another authority. The department was concerned in that the patient was in contact with other patients and staff before the diagnosis was established. Arrangements were made with the hospital for the staff concerned to be traced and offered T.A.B. vaccine. Possible contacts among the patients (some of whom had been discharged) were identified and the medical officers of health of their home areas informed.

About the same time we were asked to trace contacts of a case in Wallasey and found that additional contacts from Leicester were involved, the investigations so far as the local contacts were concerned, were negative.

Smallpox Investigation

No cases of smallpox were notified during the year.

No notification of suspect rashes in immigrants were received this year. This is possibly due to increased supervision in the country of origin, coupled with tighter immigration control. These have, apart from reducing the flow of immigrants to the U.K., made such unpleasant problems at airports and ports of entry that immigrants at present here have tended to avoid travelling on holiday to their places of origin, and so been less exposed to possible infections.

Two cases of persons entering the country without valid vaccination certificates were followed up. These were older people on long term therapy in which vaccination contra-indicated. In investigating suspected cases the need to take a geographical history is essential even in what appears to be a straightforward illness. Following the removal of the £50 travel allowance this will become increasingly important as the range, scale and duration of overseas holidays increase.

Infective Hepatitis

Notifications numbered 52. This is the first full year of notification of this disease and perhaps the true incidence is not yet fully apparent.

There has been no significant age or sex preponderance; cases have occurred throughout the year and though there have been a few family out-breaks, we have not been able to establish any pattern. It is interesting that 36.5% occurred in the 5-10 years age group, reflecting the increased interpersonal contact expected in this age group.

The low subsequent incidence might imply either a high incidence of sub-clinical infection in this age group, which might perhaps account for some of the unexplained episodes of diarrhoea and vomiting occurring at this age, or a high incidence of naturally acquired immunity.

A child who attended a "Brownie" Camp was found on her return to have contracted infective hepatitis. All 12 children and six adults who were contacts at the camp were traced and offered gamma globulin which was accepted. No cases were reported in these contacts and only one adult had any reaction to the injection. The tracing of contacts was complicated by the fact that the case was not immediately notified, by which time, some adult helpers had dispersed on their own family holidays.

Food Poisoning

Eighteen cases of food poisoning were reported during the year, mainly between the months of April and September. This is a slight reduction compared with 1968 but is still higher than the 10 year average. As was explained last year, this slight increase is possibly due to the new regulations regarding notification. Unfortunately some cases do not even consult their doctors, and a few are not notified.

All notified cases are investigated. In August and September, an infection was notified affecting six patients and some nursing staff in a Ward at the General Hospital, which was found to be due to *Salmonella Panama*. The department was quickly involved and the necessary investigations and precautions taken. No further cases occurred.

The Medical Officer of Health was invited to become a member of the Control of Infection Committee at the Northampton General Hospital. This should lead to an even closer liaison between hospital and Health Department Staff.

TABLE 44

1969—Cases of Notifiable Diseases by Age Groups

Notifiable Diseases	NUMBER OF CASES NOTIFIED													
	All Ages	AGES (in years)												
		0-	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	Not Known
Scarlet Fever	51	—	1	4	2	10	31	—	2	—	—	—	—	1
Whooping Cough ..	16	1	2	1	3	2	6	—	—	—	—	—	—	1
Measles	949	34	112	144	151	168	315	9	—	—	—	—	—	16
Dysentery	45	3	—	2	5	4	16	1	—	7	5	—	—	2
Food Poisoning ..	18	2	1	1	—	—	2	3	1	2	2	4	—	—
Tuberculosis (resp.) ..	12	—	—	—	—	—	—	—	—	4	1	4	3	—
Tuberculosis (Non-resp.) ..	5	—	—	—	—	—	1	—	—	1	2	—	1	—
Infective Hepatitis ..	52	—	1	—	2	3	19	8	4	5	5	3	2	—
Paratyphoid Fever ..	1	—	—	—	—	—	—	—	1	—	—	—	—	—
Totals	1149	28	42	66	49	52	186	30	18	44	26	13	11	6

TABLE 45

1969—Cases of Notifiable Disease, by month of occurrence

Diseases	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total cases
Scarlet Fever ..	10	5	8	11	5	1	1	2	2	2	4	—	51
Whooping Cough	—	—	2	1	1	1	1	3	2	—	1	4	16
Measles ..	156	314	212	106	55	44	20	24	10	1	2	5	949
Dysentery ..	2	10	11	7	—	—	—	—	4	1	—	10	45
Food Poisoning	1	—	—	4	2	—	3	5	2	—	1	—	18
Tuberculosis (resp.) ..	1	3	—	—	—	1	3	—	1	2	—	1	12
Tuberculosis (Non-resp.) ..	1	—	—	—	—	—	—	1	—	2	1	—	5
Infective Hepatitis	8	3	1	1	8	4	3	3	9	4	3	5	14
Paratyphoid Fever	—	—	—	—	1	—	—	—	—	—	—	—	1
TOTALS ..	179	335	234	130	72	51	31	38	30	12	11	26	1149

TABLE 46

[illegible]

Venereal Diseases

The Northampton and District Hospital Management Committee provides a "Special Clinic" at Northampton General Hospital where patients suffering from a number of conditions loosely termed "The Venereal Diseases" may obtain treatment under conditions of strictest confidentiality. The Clinic serves an area including Northampton County Borough, the Administrative County of Northampton and North Buckinghamshire. Attendance, without appointment, is as follows :-

Males: Wednesday 2.00—3.00 p.m. Friday 5.00—6.30 p.m.
Females: Monday: 5.15—6.30 p.m. Friday 2.15—3.30 p.m.

Dr. R. B. Coles is the Consultant in charge of the Clinic who has very kindly provided the attached statistics for 1969.

New Cases of Venereal Disease 1967-69

	<i>Total</i>	<i>Syphilis</i>		<i>Gonorrhoea</i>	<i>Other Venereal Diseases</i>
		<i>Primary & Secondary</i>	<i>Other</i>		
1967 Males	156	—	1	62	93
Females	60	—	1	23	36
1968 Males	167	3	4	65	95
Females	102	—	—	28	74
1969 Males	198	8	5	48	137
Females	114	1	7	25	81

Dr. R. B. Coles has further included a breakdown of the cases by age :—

	<i>M. Syphilis F.</i>		<i>M. Gonorrhoea F.</i>		<i>M. Other Conds. F.</i>	
—16	—	—	—	—	1	2
16 and 17	—	1	—	4	7	9
18 and 19	—	—	3	3	16	15
20 and 24	—	—	13	8	30	23
25 and over	13	7	32	10	83	32
Totals	13	8	48	25	137	81

Total Males 198

Total Females 114

Total Cases 312

These figures compare unfavourably with those of previous years. The incidence of new cases of Primary Syphilis is particularly alarming especially when it is noted that all the cases primary or otherwise, occurring in males, were persons of 25 years or over, and none occurred in young people.

This would suggest the presence of infected prostitutes in the town, although, as is well known the enthusiastic amateur is more dangerous in this situation than the professional.

The incidence of Gonorrhoea has declined a little, but the incidence of other diseases has risen again mostly in the older age groups.

It is difficult to escape the conclusion that there is an increase in promiscuous sexual activity in the town, not confined to the younger age groups.

It has not been possible to obtain a breakdown by geographical origin this year.

Contact Tracing

In 1967 the local authority seconded a nurse to the Special Clinic to assist in tracing of contacts particularly amongst women and girls. This has proved very successful, and as a result of agreement between the Consultant and the Department, a Male District Nurse has now been attached for the same purpose among males.

If the rise in detection of new cases of all groups of these diseases is a guide, then these two attachments have been very successful, but it is perhaps too early to be certain of this.

New Cases of Venereal Diseases 1960-1969

		<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Other Venereal Diseases</i>
1960	..	10	..	41	..	84
1961	..	3	..	50	..	99
1962	..	10	..	49	..	107
1963	..	3	..	58	..	129
1964	..	1	..	36	..	143
1965	..	0	..	52	..	160
1966	..	2	..	43	..	107
1967	..	2	..	85	..	129
1968	..	3	..	93	..	169
1969	..	9	..	73	..	218

Vaccination and Immunisation

The first appointment sessions for vaccinations and immunisations under a scheme introduced on the 1st November, 1968 began in April, 1969. This scheme provides for the use of the Council's I.C.L. 1902 Computer for the printing out of immunisation and vaccination records together with the birth register; related statistical data, and an appointments system for children attending their family doctors for the vaccinations and immunisations.

The scheme is similar to that now in operation in many local authorities and allows each general practitioner to select dates and times for up to four sessions each month; the number of appointments per 15 minutes; the maximum number of appointments per session and provides for doctors wishing to deal only with their own patients or at alternative or branch surgery premises. The computer prepares appointment postcards and lists of appointments for each practitioner and automatically progresses each child through the immunisation schedule.

Apart from one or two early difficulties, most of which either related to the consent information obtained for a child or to technical snags arising from the computer programme, the scheme started successfully. By the end of the year the appointments system was operating smoothly and almost all the general practitioners in the town were using the scheme. It is still early days to determine the full effect of an appointments system of this type on levels of immunity in the child population but first indications are that the acceptance rate has improved. The statistics which follow however reflect the time lapse involved in the introduction of the scheme in so far as children born in 1969 are concerned.

Smallpox Vaccination

TABLE 47

Details of smallpox vaccinations given during 1969 are as follows:—

Age at date of Vaccination	NUMBER OF PERSONS VACCINATED (OR REVACCINATED DURING PERIOD)	
	Number vaccinated	Number revaccinated
0—3 months	—	—
3—6 months	1	—
6—9 months	2	—
9—12 months	3	—
1	206	—
2—4	322	11
5—15	84	48
TOTAL	618	59

Immunisation against Diphtheria

Throughout the year 1,852 children received a full course of primary immunisation and 2,244 received booster doses against diphtheria. Table 48 illustrates the age groups concerned.

TABLE 48
Diphtheria Immunisation

<i>Children born in the years:—</i>	<i>Full course of Primary Immunisation</i>	<i>(Re-inforcing) Injection</i>	<i>Total</i>
1969	47	2	49
1968	874	189	1,063
1967	103	381	484
1966	28	39	67
1962-65	673	1,339	2,012
Others under 16	127	294	421
<i>Totals</i>	1,852	2,244	4,096

Immunisation against Whooping Cough and Tetanus

The following table gives details of whooping cough and tetanus immunisations carried out during 1969:—

TABLE 49
Whooping Cough and Tetanus Immunisation

<i>Year of Birth</i>	<i>Whooping Cough</i>		<i>Tetanus</i>	
	<i>Primary</i>	<i>Re-inforcing</i>	<i>Primary</i>	<i>Re-inforcing</i>
1969	46	1	47	2
1968	833	177	874	189
1967	86	362	104	385
1966	26	35	28	43
1962-65	93	186	670	1347
Others under 16	13	9	156	359
Total	1,097	770	1,879	2,325

NORTHAMPTON COUNTY BOROUGH COUNCIL

Computer helps combat disease in children

POLIOMYELITIS
DIPHTHERIA
WHOOPING COUGH

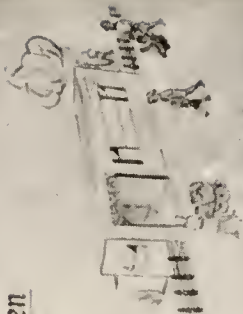
TETANUS
MEASLES
SMALLPOX



FULL DETAILS OF ALL BIRTHS
ARE FED INTO THE COMPUTER



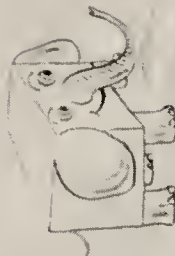
THE COMPUTER MAKES AN APPOINTMENT
FOR EACH CHILD WITH HIS OWN DOCTOR



THE CHILDREN GO
TO SEE THEIR DOCTOR
AT THE RIGHT TIME



THE DOCTOR GIVES THE RESULT OF
THE INJECTION TO THE COMPUTER.
WHICH MAKES EXTRA APPOINTMENTS
IF NEEDED.



THE COMPUTER NEVER FORGETS
WHEN THE NEXT INJECTION IS DUE



"Thank you"
Mr. Computer

This display was included in the Civic Exhibition held in the Guildhall, Northampton in April, 1969 and is reproduced by kind permission of the Borough Treasurer. (Photography by Councillor D. A. Walmsley, Chairman of the Education Committee.)

Poliomyelitis Immunisation

The following table gives the number of immunisations carried out during 1969 :

TABLE 50
Poliomyelitis Immunisation

<i>Year of Birth</i>	<i>Injections</i>	<i>Oral</i>
1969	32	—
1968	775	150
1967	94	95
1966	33	19
1962-65	494	1,334
Others under 16	131	345
Total	1,559	1,943

Tuberculosis

I am indebted to Dr. P. C. Robertson, Consultant Chest Physician for the following account of the work undertaken at the Chest Clinic during the year.

"During 1969 there was a slight fall in the number of notified new cases of tuberculosis. The notification rate has gradually declined over the last decade and the local returns in general remain below those reported for the country as a whole. Whilst this picture is favourable there is no room for complacency as the battle to eradicate tuberculosis has not yet been won. Whilst the results of treatment of this disease are excellent, and the period of hospitalisation has been greatly reduced, the life of the patient is temporarily disrupted with loss of earnings and social and domestic difficulties. Few patients remain in hospital for more than three months and the majority are able to return to their occupation or position.

Broadly speaking tuberculous patients fall into two groups. Firstly young adults are discovered with minimal disease which responds promptly to treatment. It is hoped that full B.C.G. immunisation of unprotected schoolchildren will reduce this group further. Secondly the disease is seen in the elderly where its insidious onset can easily be mistaken for the increasing frailty of old age. Such instances are doubly dangerous, exposing the patient to a protracted period of ill-health before diagnosis and providing a reservoir of possible infectivity over a much longer period than that of the young adult case.

A chest X-ray remains the sheet anchor for diagnosis. Static radiological facilities are provided at Northampton General Hospital and at the Chest Clinic for patients referred by their family doctors. The Chest Clinic also offers an open access service for the public. The Government, however, has decided to reduce the mobile service and in this area the Mass Miniature Radiography Service has been cut down from two units to one. Consequently it will be impossible to continue the regular visits to factories, offices and institutions which have been appreciated by so many people in the past. The mobile units will concentrate on selected high risk groups in future and will not be able to undertake general surveys."

Chest Clinic

The following relates to some of the anti-tuberculosis work during 1969:

Total attendances	..	..	..	..	..	..	..	..	8,164
New out-patients	..	..	..	..	..	..	..	..	4,185
Number of contacts of new cases examined	..	..	..	..	..	..	..	..	139
Contacts examined of patients previously notified	..	..	..	..	..	..	..	..	307
Mantoux positive children found at school and seen at Chest Clinic									81
Mantoux tests	..	..	..	..	..	..	..	..	69
X-ray examinations: Radiographic film	..	..	..	..	..	..	..	..	6,356
Pathological specimens	..	..	..	..	..	..	..	..	1,269

Notifications

During the year, 17 persons were notified for the first time as suffering from tuberculosis. Of these, 12 cases were respiratory and 5 non-respiratory. Their age groups and classification are shown in Tables 53 and 54.

Deaths

The number of deaths and the death-rates from tuberculosis per thousand of the population were as follows:

									<i>No. of Deaths</i>	<i>Death- Rates</i>
Respiratory tuberculosis	..	..	..	..	..	..	..	..	2	0.16
Other forms	..	..	..	..	..	..	..	..	3	0.24
Totals	..	..	..	..	..	..	..	..	5	0.04

Table 51 gives the total tuberculosis death-rates for Northampton and for England and Wales during the last ten years.

TABLE 51
Total Tuberculosis Death-rates in Each Year of the Decennium

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
England and Wales	0.08	0.07	0.07	0.06	0.06	0.05	0.04	0.04	0.03	0.04
Northampton	0.12	0.03	0.10	0.05	0.06	0.05	0.01	0.06	0.02	0.04

TABLE 52
Tuberculosis Notifications and Deaths

<i>Years</i>	<i>Notifications</i>			<i>Deaths</i>		
	<i>Respira- tory</i>	<i>Non-res- piratory</i>	<i>Totals</i>	<i>Respira- tory</i>	<i>Non-res- piratory</i>	<i>Totals</i>
1960	31	7	38	12	—	12
1961	27	3	30	2	1	3
1962	35	10	45	9	1	10
1963	25	11	36	3	2	5
1964	30	8	38	6	—	6
1965	19	3	22	3	2	5
1966	15	13	28	1	—	1
1967	8	3	11	5	2	7
1968	17	4	21	2	1	3
1969	12	5	17	2	3	5

TABLE 53
Tuberculosis. Age Groups for New Cases and Deaths

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ..	—	—	—	—	—	—	—	—
1—4 years ..	—	—	—	—	—	—	—	—
5—9 years ..	—	—	1	—	—	—	—	—
10—14 years ..	—	—	—	—	—	—	—	—
15—19 years ..	1	—	—	—	—	—	—	—
20—24 years ..	—	—	1	—	—	—	—	—
25—34 years ..	3	—	—	—	—	—	—	—
35—44 years ..	1	—	1	1	—	—	—	—
45—54 years ..	1	1	—	—	—	1	—	—
55—64 years ..	2	—	—	—	1	—	—	—
65 and upwards ..	2	1	—	1	—	—	1	—
Totals	10	2	3	2	1	1	1	—

TABLE 54
Tuberculosis. Classification of New Cases

Classification	Notified Cases		
	M.	F.	Total
Respiratory Tuberculosis	10	2	12
Other Forms:			
Meninges and Brain	—	—	—
Peritoneum and Intestines	—	—	—
Bones and Joints	1	—	1
Glands	1	1	2
Other Organs	1	1	2
Site unknown (child)	—	—	—
Totals	13	4	17

B.C.G. Vaccination

In 1969, 1,479 persons (tuberculin negative) were vaccinated with B.C.G. vaccine. 142 of these were contacts, and 1,337 were school children, compared with 205 and 1,108 respectively during 1968.

B.C.G. vaccination continued to be available to the following groups:

- (i) children between their thirteenth and fourteenth birthdays;
- (ii) children who are approaching thirteen years of age and can conveniently be vaccinated along with others of that age;
- (iii) children of fourteen years of age and older;

- (iv) children aged ten years or more with the intention of permitting B.C.G. vaccination at an earlier age than 13 years where this appeared to be justified by the risk of tuberculous infection during later school life ;
- (v) students attending universities, teacher training colleges, technical colleges or other establishments of further education.

Care and After Care

The After-Care Committee supplied milk to 20 patients during the year, and 18 patients are in receipt of it at the present time.

Various grants have been made and these include a television licence, walking aids, help with fuel and light, and payment towards the mortgage of a family about to move into a house at the onset of an illness lasting several months. The Committee paid for one patient to go on the holiday organised for the pensioners in the Borough and other holiday grants were made as usual.

Help is given to patients at home through S.S.A.F.A. and the British Legion, and the Home Help Service and Meals on Wheels are invaluable. Chest patients often spend many months in the winter unable to leave their homes and home visiting plays an important part in their lives as they can otherwise feel very cut off. On the whole the Department of Health and Social Security looks after the financial aspect. It is very marginal and some people manage better than others, but a great deal depends on how much support patients receive from their families.

STATISTICS & SOCIAL CONDITIONS

Births

During 1969 there were 2,072 births registered of which 1,077 were males and 945 were females.

The birth rate was 16.7 per 1,000 estimated population compared with 16.8 in 1968. The provisional rate for England and Wales was 16.3.

Birth rates for Northampton and England and Wales for the past 10 years are given in the table below.

TABLE 55
Live Birth-rates in Each Year of the Decennium

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
England and Wales	17.2	17.6	18.0	18.2	18.5	18.1	17.7	17.2	16.9	16.3
Northampton	16.7	17.2	18.5	19.0	19.0	19.7	18.5	18.0	16.8	16.7

The adjusted birth-rate for Northampton County Borough (calculated by multiplying the crude rate by the Registrar-General's area comparability factor of 1.02) was 17.0.

216 (10.0 per cent.) of the live births were illegitimate. The percentages for the last ten years are shown in Table 56.

TABLE 56
Illegitimate Live Births Expressed as a Percentage of Total Live Births

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
England and Wales	5.4	5.9	6.6	6.9	7.2	7.7	7.9	8.4	—	8.0
Northampton	7.2	6.2	8.7	9.7	9.4	8.3	9.1	9.0	9.4	10.0

TABLE 57
Registered Live and Stillbirths

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Live Births Registered	1,077	995	2,072
Stillbirths Registered	8	12	20
*Total Births Registered	1,085	1,007	2,092

*1,164 of the total registered births occurred in the Barratt Maternity Home and 773 in St. Edmund's G.P. Maternity Unit.

Stillbirths

Of the 20 notified and investigated, 12 were born prematurely and 6 weighed less than 3½ lbs. at birth. All but two stillbirths occurred in hospital.

20 stillbirths were registered, giving a rate of 10.0 per thousand total births (including stillbirths) registered, compared with 13.0 for England and Wales.

TABLE 58
Deaths in Premature Live and Stillbirths

<i>Birth Weight</i>	<i>Premature Live Births</i>	<i>Deaths within 24 hours</i>	<i>Deaths within 28 days</i>	<i>Premature Stillbirths</i>
All babies of 5 lb. 8 oz. and less	129	8	7	12
Under 2 lb. 3 oz.	4	4	—	3
2 lb. 3 oz. and under 3 lb. 4 oz. . .	14	1	5	3
3 lb. 4 oz. and under 4 lb. 6 oz. . .	21	2	2	2
4 lb. 6 oz. and under 4 lb. 15 oz.	26	1	—	2
4 lb. 15 oz. to 5 lb. 8 oz.	64	—	—	2

Analysis of Stillbirths (According to Departmental Records)

Stillbirths—20

						1966	1967	1968	1969
1. Cause of Death :									
Foetal	Hydrocephaly	..	..	..	..	1	—	2	—
	Anencephaly	..	..	..	..	2	2	5	3
Maternal	Rhesus factor	..	..	..	..	2	2	—	—
	Pre-eclamptic Toxaemia	..	..	..	..	5	2	3	4
	Concealed Accidental Haemorrhage	..	..	..	..	4	2	—	1
	Placental Insufficiency	..	..	..	..	1	—	—	—
	(Maternal Cardiac Disease)								
Unknown	Placental Insufficiency	..	..	..	..	1	2	—	2
	Macerated	..	..	..	..	7	12	2	—
Accident of labour	Foetus fresh	..	..	..	..	1	3	12	6
	Prolapsed cord	..	..	..	..	1	—	—	—
	A.P.H.	..	..	..	..	2	2	1	3
	O.bstructed breech	..	..	..	..	1	1	—	—
2. Maturity :	Other	..	..	..	..	—	—	—	1
	Under 30 weeks	..	..	..	..	4	4	1	1
	30—32 weeks	..	..	..	..	4	4	6	3
	33—34 weeks	..	..	..	..	3	1	3	2
	35—36 weeks	..	..	..	..	6	5	3	1
	37—38 weeks	..	..	..	..	4	5	3	5
	39—40 weeks	..	..	..	..	6	5	6	4
	40 weeks plus	..	..	..	..	1	4	3	4
3. Number of pregnancies :									
	1st	..	..	..	..	12	12	9	9
	2nd	..	..	..	..	7	9	6	6
	3rd	..	..	..	..	2	1	3	3
	4th	..	..	..	..	3	1	3	1
	5th	..	..	..	..	3	1	2	—
	6th	..	..	..	..	1	2	—	—
	7th	..	..	..	..	—	1	1	—
	8th	..	..	..	..	—	—	1	—
	9th	..	..	..	..	—	1	—	—
	Not Known	..	..	..	..	—	—	—	1

					1966	1967	1968	1969
4. Birth Weight:	Under 2 lb. 3 oz.	..	..	..	6	3	5	2
	2 lb. 3 oz. under 3 lb. 4 oz.	..	..	..	6	4	4	4
	3 lb. 4 oz. under 4 lb. 6 oz.	..	..	..	4	5	2	2
	4 lb. 6 oz. under 4 lb. 15 oz.	..	..	..	1	2	2	1
	4 lb. 15 oz. under 5 lb. 8 oz.	..	..	..	2	3	2	3
	5 lb. 8 oz. under 7 lb. 8 oz.	..	..	..	4	8	7	5
	Over 7 lb. 8 oz.	..	..	..	5	3	3	2
	Not Known	..	..	..	—	—	—	1

An analysis of the causes of death of children under one year as supplied by the General Register Office for the last three years is given in the following table.

Infant Mortality

Infant mortality in 1969 showed a slight improvement on that for the previous year, 31 children dying within the first year of life compared with 33 in 1968.

The infant mortality rate fell to 15.0 per 1000 live births against 15.8 in 1968 and 20.5 in 1967. Perinatal mortality also showed a downward trend being 19.0 in 1969 (22.8 in 1968) whilst the neo-natal mortality rate rose slightly from 11.5 in 1968 to 13.0 in 1969. A summary of the rates is given in the table below :

	Northampton						England and Wales			
	1964	1965	1966	1967	1968	1969	1966	1967	1968	1969
Infant Mortality rate	18.8	12.0	12.4	20.5	15.8	15.0	19.0	18.3	18.3	18.0
Stillbirth rate	12.7	16.5	13.1	13.5	11.8	10.0	15.3	14.8	14.3	13.0
Peri-natal mortality	22.9	23.7	19.7	24.2	22.8	19.0	26.3	25.4	25.0	23.0
Neo-natal mortality	12.4	9.5	8.0	12.7	11.5	13.0	12.9	12.5	12.3	12.0

An analysis of the causes of death of children under one year as supplied by the General Register Office for the last three years is given in the following table.

<i>Diseases</i>	<i>Under 4 weeks</i>			<i>4 weeks to 1 year</i>		
	1967	1968	1969	1967	1968	1969
Diseases of Nervous system	M — F —	— —	— —	— —	— 1	1 —
Pneumonia	M 1 F —	1 —	1 1	6 4	— —	1 1
Gastroenteritis	M — F —	— —	— —	— —	1 —	— —
Intestinal Obs.	M — F —	1 —	— —	— —	— —	— —
Other diseases of Digestive system ..	M — F —	— —	— —	— —	1 —	— —
Other Respiratory	M — F —	— —	— —	1 —	1 —	— —
Congenital Abnormalities	M 2 F 2	3 1	2 3	— 2	2 —	1 —
Birth injuries, difficult labour, etc.	M — F —	4 2	8 1	— —	— —	— —
Other ill-defined causes (including prematurity)	M 12 F 11	7 5	5 5	2 —	— —	— —
All other accidents	M — F —	— —	— 1	1 1	1 2	— —
	M 15 F 13	16 8	16 11	10 7	6 3	3 1

An analysis of the departmental records, however, provides rather more detailed information.

Deaths Under One Week	1966	1967	1968	1969
Prematurity	*6	*13	*12	9
Respiratory distress syndrome	{ 7	4	{ 1	2
Respiratory failure		1		
Congenital malformations	1	4	4	4
Birth Trauma	—	1	3	1
Others	1	1	3	4
	—	—	—	—
	15	24	23	20
	—	—	—	—

*As primary causes of death

The weights of premature infants who died during the first week of life are shown in the following table:

	1968	1969
Birth weight under 2 lb. 3 oz.	4	4
Over 2 lb. 3 oz. and under 3 lb. 4 oz.	7	6
Over 3 lb. 4 oz. and under 4 lb. 15 oz.	1	5
Over 4 lb. 15 oz. and under 5 lb. 8 oz.	—	—
	<u>12</u>	<u>15</u>

Deaths 1 Week to 1 Month

	1967	1968	1969
Respiratory	2	—	2
Congenital malformations	2	—	3
Gastro Enteritis	1	—	—
Extreme Prematurity	—	1	1
Inhalation of Vomit	—	—	1
	<u>5</u>	<u>1</u>	<u>7</u>

Deaths 1 Month to 1 Year

	1966	1967	1968	1969
Respiratory	5	9	1	2
Inhalation of Vomit	1	4	2	—
Digestive System	—	—	1	—
Congenital Malformations	1	3	2	1
Cardiac	—	1	—	—
Nervous System	—	—	1	1
Infections	3	—	—	—
Gastro Enteritis	—	—	1	—
Accident	—	—	1	—
	<u>10</u>	<u>17</u>	<u>9</u>	<u>4</u>

TABLE 59
Infant Mortality Rates, 1960—1969

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
England and Wales	21·7	21·4	20·7	21·1	20·0	19·0	19·0	18·3	18·3	18·0
Northampton	20·2	26·7	15·4	17·0	18·8	12·0	12·4	20·5	15·8	15·0

Mortality in Pre-school Children

Seven children between the ages of 1 and 5 years died during the year from the following causes :

Enteritis and other diarrhoeal disease	..	..	..	1
Measles	..	..	..	1
Pneumonia	..	..	..	1
Meningitis	..	..	..	1
Congenital anomalies	..	..	..	2
Accident (other than motor vehicle)	..	..	..	1

Deaths

1,674 deaths (829 males, 845 females) were registered, equal to a death-rate of 13·5, compared with 11·8 for England and Wales. Table 60 gives the local and national death-rates for the last ten years.

TABLE 60
Death-rates 1968—1969

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
England and Wales	11·5	11·9	11·9	12·2	11·3	11·5	11·7	11·2	11·9	11·8
Northampton	12·8	13·2	12·9	13·3	12·4	12·2	12·2	12·1	12·8	13·5

1,262 (75·3 per cent.) of the deaths related to elderly persons aged sixty-five years and upwards.

The adjusted death-rate for Northampton County Borough (calculated by multiplying the crude rate by the area comparability factor of 0·87) was 11·7.

Table 61 gives the causes of death in age-periods, compiled from information supplied by the Registrar-General.

Cancer Deaths

Deaths from all forms of cancer numbered 335 in 1969 compared with 303 in 1968. The mortality rate per one thousand population was 2·7 against 2·4 in the previous year.

TABLE 61—continued

Causes of Death at Different Periods of Life during the Year 1969

Code	Cause of Death	Total All Ages		Under 4 weeks		4 weeks & under 1 year		AGE IN YEARS												75 & over						
								1-		5-		15-		25-		35-		45-		55-		65-				
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
B46(5)	Other Diseases of Circulatory System	34	43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	4	6	10	26	27	F
B31	Influenza	7	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	3	4	1	—	M
B32	Pneumonia	50	31	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	6	1	15	7	25	20	F
B33(1)	Bronchitis and Emphysema	58	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	9	30	9	14	7	—	F
B33(2)	Asthma	1	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	F
B46(6)	Other Diseases of Respiratory System	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	F
B34	Peptic Ulcer	12	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	5	3	4	3	—	F
B35	Appendicitis	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	F
B36	Intestinal Obstruction and Hernia	6	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	F
B37	Cirrhosis of Liver	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	F
B46(7)	Other Diseases of Digestive System	10	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3	1	5	5	F
B38	Nephritis and Nephrosis	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	1	1	1	F
B39	Hyperplasia of Prostate	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	F
B46(8)	Other Diseases, Genito-Urinary System	2	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	F
B46(10)	Diseases of Musculo-Skeletal System	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	F
B42	Congenital Anomalies	5	5	2	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	F
B43	Birth Injury, Difficult Labour, etc.	8	1	8	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	F
B44	Other Causes of Perinatal Mortality	5	5	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	F
B45	Symptoms and Ill-Defined Conditions	2	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	F
BE47	Motor Vehicle Accidents	9	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	F
BE48	All Other Accidents	9	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	F
BE49	Suicide and Self-Inflicted Injuries	7	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	F
BE50	All Other External Causes	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	F
	Total All Causes	829	845	16	11	3	1	4	3	4	3	6	4	6	4	13	16	58	31	133	96	275	205	311	471	F

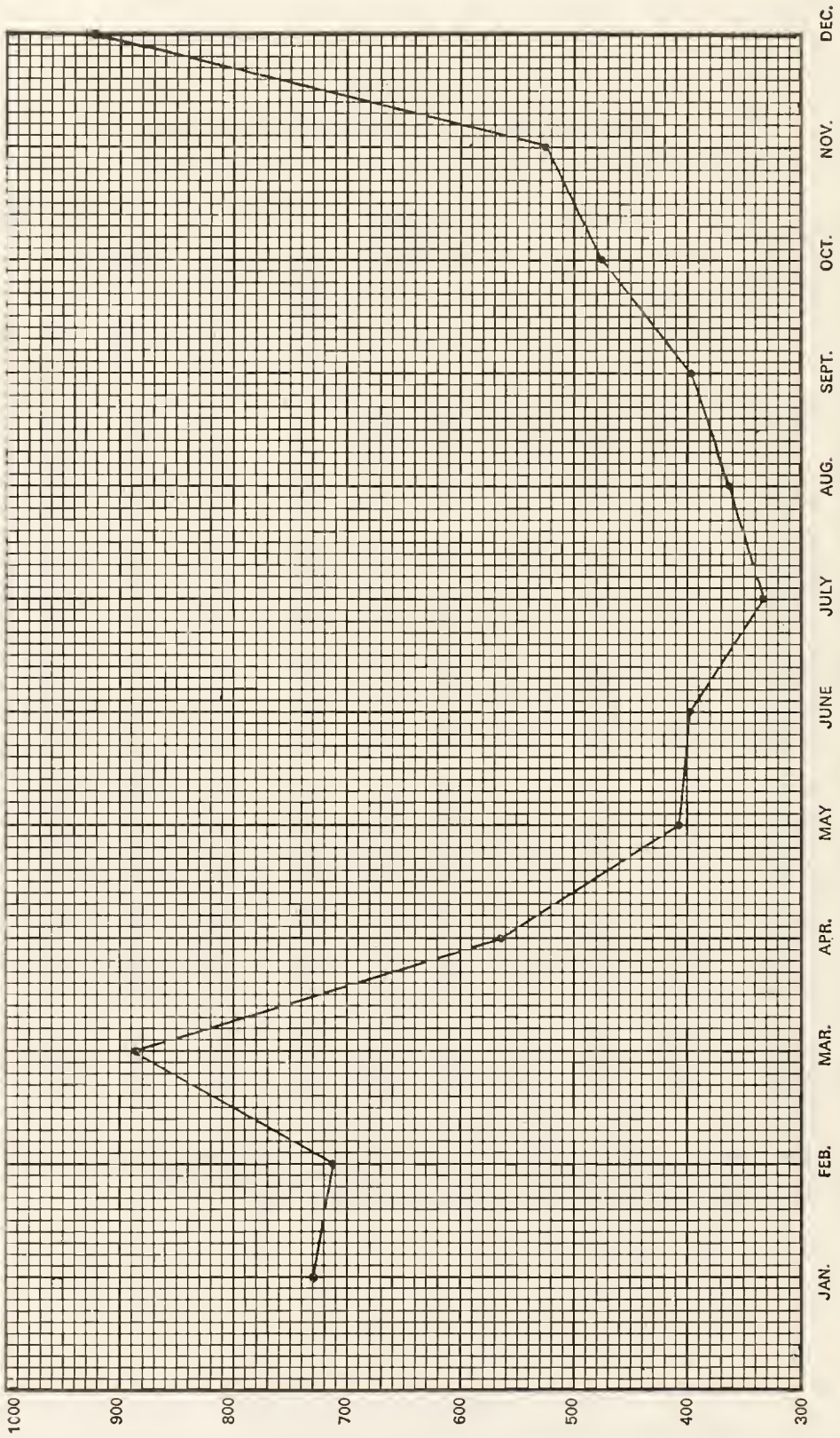
TABLE 62
Vital Statistics during 1969 and Previous Years

Year	Estimated Total Population to Middle of each Year	Live Births			Total Deaths registered in the District		Transferable Deaths		Net Deaths belonging to the District			
		Uncor- rected Number	Net		Number	Rate	Non- resi- dents regis- tered in the District	Resi- dents not regis- tered in the District	Under One Year		At all Ages	
			Number	Rate					Number	Rate per 1,000 live Births	Number	Rate
1901	87096	2345	2345	26.9	1269	14.6	62	9	334	142.4	1216	14.0
1911	90152	1930	1931	21.4	1240	13.8	86	46	250	129.5	1200	13.3
1921	92300	1924	1881	20.4	1022	11.1	123	65	124	65.9	964	10.4
1931	92970	1307	1233	13.3	1243	13.4	205	53	87	70.6	1091	11.8
1941	108930	2101	1282	11.8	1776	16.3	450	69	91	52.9	1395	12.8
1946	102760	2847	2111	20.5	1571	15.3	399	59	97	45.9	1231	12.0
1947	104480	3000	2283	21.9	1606	15.4	363	43	76	33.3	1286	12.3
1948	104380	2518	1825	17.5	1543	14.8	401	54	68	37.3	1196	11.5
1949	104300	2377	1646	15.8	1581	15.2	414	92	49	29.8	1259	12.1
1950	105490	2497	1502	14.2	1547	14.7	397	113	28	18.6	1263	12.0
1951	103700	2510	1514	14.6	1668	16.1	391	137	45	29.7	1414	13.6
1952	103700	2583	1467	14.1	1489	14.4	358	91	32	21.8	1222	11.8
1953	104000	2592	1506	14.5	1650	15.9	346	36	35	23.2	1340	12.9
1954	103700	2536	1386	13.4	1566	15.1	376	48	28	20.2	1238	11.9
1955	102800	2472	1353	13.2	1570	15.3	390	56	24	17.7	1236	12.0
1956	101800	2612	1409	13.8	1640	16.1	411	60	34	24.1	1289	12.7
1957	101000	2736	1514	15.0	1581	15.7	408	48	25	16.5	1221	12.1
1958	100700	2864	1573	15.6	1625	16.1	416	118	30	19.1	1327	13.2
1959	100300	2959	1625	16.2	1635	16.3	403	115	38	23.4	1347	13.4
1960	101180	3256	1686	16.7	1606	15.9	431	124	34	20.2	1299	12.8
1961	104320	3469	1797	17.2	1795	17.2	444	121	48	26.7	1372	13.2
1962	104910	3608	1945	18.5	1697	16.2	462	115	30	15.4	1350	12.9
1963	105420	3800	2004	19.0	1758	16.7	464	112	34	17.0	1406	13.3
1964	106120	4137	2020	19.0	1708	16.1	504	93	38	18.8	1311	12.4
1965	121410	4416	2324	19.7	1846	15.6	419	108	28	12.0	1433	12.2
1966	121560	4296	2252	18.5	1872	15.4	508	131	28	12.4	1481	12.2
1967	121890	4276	2200	18.0	1810	14.8	487	130	45	20.5	1471	12.1
1968	123690	4459	2082	16.8	1963	15.8	547	145	33	15.8	1583	12.8
1969	123800	4157	2072	16.7	2060	16.6	551	190	31	15.0	1674	13.5

This Table is arranged to show the gross births and deaths in Northampton County Borough and the births and deaths properly belonging to the town, with the corresponding rates.

Non-civilian deaths are excluded during the years 1939 to 1949.

NEW SICKNESS BENEFIT CLAIMS: NORTHAMPTON LOCAL OFFICE — YEAR 1969



DOMICILIARY MIDWIFERY—IS THERE A FUTURE?

Summary of Paper presented by Dr. W. Edgar at a Sessional Meeting of the Royal Society of Health held in Northampton on 13th February, 1969

"Home on the Second Day"—what a delightfully simple concept, yet who would have thought that within a period of eight years it would have so transformed the pattern of maternity care in this country, particularly when one recalls the criticism and opposition with which it was greeted on nearly all sides:

- Psychologically bad for the mother;
- Hospitals were designed for 10-14 days stay;
- Midwives in the labour wards were overworked;
- Full-time midwives disliked early discharge and the training of midwives would be rendered difficult.

Yet in 1967 20% of all institutional confinements were discharged home on or before the second day.

The National Birthday Trust Report on "Perinatal Mortality" and the triennial reports on confidential enquiries into maternal deaths have highlighted certain high risk groups of women who, for their own safety or for the safety of their infant, should be confined in hospital. In those areas with a limited number of maternity beds, early discharge schemes have enabled these high risk groups to enjoy the safety of hospital confinement. In other areas where the bed situation is less acute early discharge has enabled lesser risk groups to enjoy the same safety.

As planned schemes for early discharge have been shown to be safe both for mother and baby they have been increasingly accepted by doctors, midwives and mothers. Indeed mothers are now themselves requesting it and why should this not be so? "It can be argued that if the hospital and domiciliary services would come to be closely integrated, hospital confinement with effective domiciliary care, before and after, could become the typical pattern."

If one accepts that there are definite indications for hospital booking and equally definite indications for home booking, it follows that a limited group of women are suitable for home confinement. As the indications for booking in general practitioner maternity unit are the same as those for home confinement other than those who cannot be delivered at home because her home circumstances are unsuitable, the presence of a general practitioner unit may have a significant effect on the domiciliary midwifery service, particularly if early discharge is practised from the unit, and can only result in further splitting up of the midwifery service viz: hospital, general practitioner unit and domiciliary service with the domiciliary midwives being the losers. This represents a misuse of scarce and highly trained staff. Midwifery is an arduous and exacting profession. Pressure on the hospital staff and insecurity in the domiciliary field, due to increasing hospitalisation, can both adversely affect recruitment. This we cannot afford.

What then is the future of the domiciliary midwifery service? In large towns with limited hospital beds and no general practitioner unit the service is not in jeopardy. Even the presence of such a unit may not seriously affect the service owing to the large number of births, but in smaller towns, particularly where early discharge is practised, the position may well be acute and we must plan a closer integration of the midwifery services particularly in those areas with high hospital confinement rate and an active general practitioner maternity unit leaving insufficient home confinements to sustain a viable domiciliary midwifery service.

Domiciliary Midwifery Service and Hospital Service

Despite careful selection of women for home confinement up to 25% are transferred at some stage to hospital and delivered there. In some areas, like Northampton, the district midwife is encouraged to follow these patients into hospital and in suitable cases conduct or assist in delivery. The majority of these cases are discharged home early, back to her care. This arrangement has the dual advantage of providing continuity of care for the patient (particularly at a time when the patient has reason to be anxious), and it provides continuity of care for the midwife who naturally feels that she has lost her case when it is admitted to hospital, even though it may be returned to her a few days later. Future training of the pupil midwife must obviously focus less on delivery itself.

In many areas ante-natal care of hospital booked patients is shared with the general practitioner. With increasing attachment of domiciliary midwives to practitioners and the increasing tendency to practise from joint premises surely it is not unreasonable to allow the midwife to share the ante-natal care, since the mother and baby are frequently discharged home early to her care. This would save the woman the inconvenience associated with travelling frequently to hospital, particularly if she already has young children, and would also facilitate the provision of health education, mothercraft, etc.

It is possible that the high risk multiparous woman who refuses to go into hospital and is not attracted even by the prospect of early discharge home after delivery, may be encouraged to accept hospital delivery if this is performed by the domiciliary midwife who has brought her previous children into this world. This would be a positive advance in patient care.

Domiciliary Midwifery Service and General Practitioner Unit

The increase in the number of beds in general practitioner units has been remarkable—65% in the past 10 years. One would not question the desirability of the general practitioner having adequate accommodation and equipment for the conduct of normal confinements but here also normality can only be confirmed in retrospect. Hobbs and Achison have shown the very high perinatal mortality in the Oxford Region when a mother is transferred from general practitioner to consultant unit and that practices with access to such units have a higher perinatal mortality rate than those without. In terms of absolute safety, therefore, there is much to be said for a general practitioner unit having close physical association with the consultant unit, although this is less practicable in rural areas.

It seems to me that the provision of general practitioner units may have been a more significant factor than early discharge in the demise of the domiciliary midwifery service in those areas with a high hospital confinement rate, since both are catering for normal confinements, whereas early discharges from hospital are cases which should be delivered in hospital. When early discharge is practised from the general practitioner unit also, the position is aggravated as more and more of the limited number of potentially normal pregnancies are booked for delivery in the unit.

This means that the general practitioner who has over the years built up a working relationship with the district midwife is relinquishing this for a new relationship with the midwifery staff in the general practitioner unit. If mother and baby are to be discharged home early to the care of the domiciliary midwife should she not be enabled to assist with antenatal care? Schemes such as that proposed in Northampton enabling the district midwife to undertake antenatal care and delivery in the general practitioner unit and receive mother and baby home soon after delivery have much to commend them.

These suggestions do not imply staffing consultant and general practitioner units by the domiciliary midwifery service but rather that the district midwife should be enabled to practice and maintain her skills both in general practitioner and consulting units according to local needs and circumstances.

Home Confinement

I am not an advocate of home confinement unless it is perfectly safe, but who can say that any case is perfectly safe until after the event. For those women who desire it, who are suitable and whose homes are adequate, home confinement should be available. Even though 25% may eventually be delivered in hospital this should not deprive the remainder of such a service; the whole purpose of good antenatal care is early detection of abnormality. The most difficult situation is delay or difficulty during labour which could not be foreseen and which requires urgent admission to hospital. It is in these circumstances that home confinement remote from the consultant unit is at a serious disadvantage. Home confinement can only be available where a viable domiciliary midwifery service exists. How many of you could justify to your authority the employment of 5 full-time midwives to deliver 150 home confinements, or satisfy the midwives when 40 of these deliveries are required for pupil midwife training?

Conclusion

The hospital pattern of the future is clear—the district general hospital with consultant maternity unit and in all probability a general practitioner unit attached. In the community the future should be equally clear. With increasing liaison between general practitioner and local authority staff working from joint premises and a more effective use of the domiciliary midwife in the general practitioner unit according to local circumstances. Could antenatal care of many hospital booked cases not be undertaken by the district midwife and family doctor rather than that the mother be expected to travel regularly to hospital. This could not happen, however, until effective liaison and adequate provision exists in the community. The *maternity* service, although administered by three separate branches should be regarded as one service and so should the midwifery service. Although domiciliary deliveries will continue to decrease it is desirable to retain a viable domiciliary midwifery service. If the domiciliary midwife is to cease the relentless progression towards becoming a post maternity nurse she must join with her colleagues in the general practitioner unit and have the opportunity of at least following her home booked cases into hospital.

The domiciliary midwife like the general practitioner must be enabled to maintain her skills and this can only be done by continuing to practice midwifery. The suggestion of the Royal College of Gynaecologists to make one team—consultant, senior hospital medical staff with general practitioner obstetrician, though commendable in principle, ignores the fact that the vast majority of deliveries are conducted by midwives and it is essential to consider according to local circumstances, the most appropriate ways for domiciliary midwives to maintain their contribution.

If as Dugald Baird has indicated, more and more women will seek the safety of hospital confinement, irrespective of any indication for hospital booking, and if the hospital is able to cater for this demand then the point is reached when it is no longer necessary or possible to retain a traditional domiciliary service.

We have inherited too rigid a service. What we must now do is to plan greater flexibility with the capacity to adapt and react to changing needs and changing situations and not lose sight of the fact that we are planning not for our own convenience but for patients, at a time which for many is one of the most important events in their lives. Whilst safety of mother and baby must always be the prime consideration in determining the place of confinement, we must nevertheless be sure that we are on strong ground before a woman is denied her wish for home confinement.

